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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

November 19, 1970
Holiday Inn
EDMONTON, Alberta

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BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
Heinz E. Lehmann, M.D.,	Member,
James Moore,	Executive Secretary,
Marie-Andree Bertrand,	Member,
J. Peter Stein,	Member.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

Holiday Inn
EDMONTON, Alberta
November 19, 1970.

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Upon commencing at 9:30 a.m.

THE CHAIRMAN: Ladies and gentlemen, I call this hearing of the Commission of Inquiry into the Non-Medical Use of Drugs to order, and I would like to introduce the members of the Commission who are present today: on my far right is Dean Ian Campbell of Montreal; on my immediate right, Dr. Heinz Lehmann of Montreal; I am Gerald LeDain; on my left is Mr. James Moore, Executive Secretary of the Commission; on Mr. Moore's left is Professor Marie Andree Bertrand of Montreal; and on Miss Bertrand's left is Mr. Peter Stein.

This is our second public hearing in this city and perhaps a few words of introduction concerning our appointment, terms of reference, and the present status of our work may be helpful.

We were appointed in May of last year as an independent Commission of Inquiry with a two year mandate to look into three things: the effects of the non-medical use of psychotropic or mood modifying drugs and substances . . .

pg. 2(a) follows

1
2
3 and this includes a wide range of drugs as indicated
4 in our report. And secondly to inquire into the
5 extent and patterns of such non-medical use in Canada,
6 the populations, age groups affected in each case;
7 thirdly, to inquire into the causes of such non-medical
8 use and to try to place the phenomena in proper per-
9 spective and social context, determine it's relation-
10 ship to other aspects, problems of life today. And
11 then on the basis of our findings on these three
12 points we are required to make recommendations to the
13 Federal Government as to what it can do alone or with
14 other levels of government, Provincial and Municipal,
15 to, "Reduce the dimensions of the problems involved
16 in such use."

17 We were required by our terms of refer-
18 ence to submit an interim report after a six month
19 period of inquiry which we did in June. As you know
20 it was made public, tabled and made public in June,
21 and we are expected to submit a final report before
22 the end of May this year.

23 Now we are on our last round of public
24 hearings before we set to work on our final report.
25 This is only one of our methods of inquiry. We are
26 having private hearings with groups and individuals
27 and conducting a good deal of research on the differ-
28 ent aspects of this whole problem. But in this last
29 stage of our public hearings we are particularly
30 anxious to receive response to our interim report,

1 comment, criticism of it; and also to learn what has
2 happened in the communities we have visited since our
3 last visit and what changes, if any, have taken place,
4 in the extent and patterns of drug use, and the atti-
5 tudes towards it, and in community response of any
6 kinds, what initiatives have been taken in the
7 community. We are also looking for additional infor-
8 mation, advice, particularly on aspects which we were
9 not able to go into in very good detail in the interim
10 report but which we hope to explore much more fully
11 and analyze in greater detail and depth in the final
12 reports; for example, the whole question of drug educa-
13 tion and the whole area of treatment.

14 Now, a word about our method of proce-
15 dure in these public hearings. We have a schedule of
16 submissions and at the end of each submission there
17 will be an opportunity for questions and comments not
18 only by the Commission, but by everyone present. and
19 we hope that you will feel free to give us the benefit
20 of your views. We have placed microphones in the
21 aisles for your convenience and ask you if you would
22 be good enough to make use of them because it is
23 difficult to make a stenographic record unless you
24 can be heard.

25 I will call now on Dr. Roy L. Anderson.
26 Dr. Anderson, if you would be seated at the table.

27 Thank you, sir.

28 MR. ANDERSON: Mr. Chairman, members
29 of the Commission. Perhaps by way of an introductory
30 word I might say that my brief consists chiefly of

1 comments from your interim report and comments on
2 exerpts taken from it sent to us by our member of
3 parliament from the south side asking for our comments.
4 So this consists really of our comments and reply to
5 our member of parliament from the south side.

6 The first one I would like to deal
7 with is from paragraph 389, page 195, which is
8 copied here so you don't need to refer to the report.

9 I must say here that some of these
10 are in a sense taken out of context sometimes, but
11 they are as they appear from our member of parliament.

12 The first one is;

13 "We believe that emphasis must
14 shift form a reliance on suppres-
15 sion to a reliance on the wise
16 exercise of freedom of choice."

17 My comment on that is:

18 "Desirable to a degree, but there
19 are exceptions - notably John
20 Stuart Mill's own exceptions to
21 this his own doctrine - in favour
22 of protection of the young....."

23 And that is an exception to this
24 doctrine everyone having a free choice because among
25 the young there are areas where they need to be pro-
26 tected because they haven't reached the age to make
27 their own decision.

28 And then my own comment further, "there
29 are great numbers of people in our modern complex
30 society sufficiently confused, uncertain, and unstable

1 trained observers and mankind in
2 general are relatively insignifi-
3 cant."

4 Now on looking up your report I notice
5 that you deal with this more thoroughly farther on
6 in the report but this is the excerpt as I received
7 it from our member of parliament. And my comment on
8 that is that,"this is a most unfortunate statement in
9 terms of giving a very misleading impression especially
10 to the uninitiated, unless it is immediately followed
11 in the same breath, so to speak, or in the same sen-
12 tence by reference to the short-term mind effects
13 which are anything but insignificant."

14 The average person when he reads
15 "Physical effects" interprets that as the total effect
16 on the individual and this is the average person and
17 this is the way I read it myself. I interpreted it
18 as the total effect. And then I realized it was a
19 physical effect and it makes me think that the aver-
20 age person reading it could interpret it as the total
21 effect on the individual.

22 It must be emphasized and re-emphasized
23 that the effects of the hallucinogenic drugs are on
24 the mind, and drugs that affect our minds are likely
25 to have much more serious implications than those
26 whose chief effects are physical.

27 Paragraph 399, page 205:

28 "Long-term effects. There is
29 hardly any reliable information
30 applicable to North American con-

ditions concerning the long-term effects of cannabis."

Now to be awful frank here, I kind of felt that your comment that follows this in your report is almost a red herring, you know, in a sense, sort of, saying "Well, we must know this in North America before we can take any evidence from other countries."

I feel that it is a little bit^{of}/a red herring and I am being very frank, of course.

My comment: I should like to have seen added after the word "cannabis", some such reliable reference as in the report of the Advisory Committee on Drug Dependence in Britain that says;

"but observers with long experience concur in the opinion that continued excessive use of cannabis over a period of years leads to moral and social decay."

And I rather think that was -- I think that was a minority -- if I remember correctly I think that was a minority report but never the less Robert Lewis is a pretty able man and I think some such report should have been made in the same sentence or near the sentence that you made in your interim report.

Such a statement, as I take it, as I have added here, would give the reader searching for information a fairer, more comprehensive picture of the total drug problem.

Page 2. The next paragraph is 403, page 210: "Short-term psychological effects." And then you say, "LSD, like all drugs classified in the psychedelic-hallucinogenic category, disorganizes normal mental activity", a statement which I agree with very, very much.

But my comment there: I should like to have seen inserted after "category", the words "including cannabis", because of the widespread propaganda that "Marijuana is a mild hallucinogenic" as it has been said thousands of times in our city and by implication therefore relatively harmless.

The President -- Past President of the Psychiatric Association of Canada in his address to the Annual Meeting this summer pointed out that;

"basic criteria for judging psychotic disorder include (1) accuracy of perception (2) appropriateness of effect (3) relevance to reality of reasoning. And that the primary effects of the drugs (Hallucinogenic, including Marijauna) are perceptual, emotional, cognitive and motivational changes which are likely to occur each time the drug is used. Yet these changes, however pleasant they may be, however transitory they may be, are, by our standard medical

criteria, in establishing psychotic disease,
/these changes are of the same order, though not necessarily of the same magnitude, as psychotic disorder."

It seems to me as an ordinary doctor with some experience in general practice, or a lot of experience in general practice, it seems to me that this is a very important statement.

Or, as he has said in other publications;
"the psychedelic drugs, including Marijauna, are claimed to be harmless, even in some way beneficial. The evidence, however taken in proper perspective, free from wishful thinking and social or political prejudice is that they are all distinctly detrimental. The psychedelic drugs (including Marijauna) act by altering from the normal, the processes of perception, emotion and reasoning, impairing the individual's capacity to deal with the realities of life. These mental distortions, however pleasant, however transitory, are of the same order, though not necessarily of the same magnitude, as psychotic illness."

Also this summer a report on research appeared showing brain wave studies on patients who had been using marijauna and requiring psychiatric treatment. Also brain wave studies were done on voluntary marijauna users who had not required psychiatric treatment. The series was small in numbers, but the brain wave changes were sufficiently significant that the studies should be repeated by independent workers in various appropriate medical centers.

As/as^{an}ide here, some of the brain wave studies on people who had been using Marijuana and admitted for psychiatric treatment, the brain wave changes were of such a degree as to approximate or resemble the brain wave changes seen in psychiatric patients who have been threatening suicide. This is a very important piece of work and I think it is mandatory that it be repeated in other centers, competent centers.

Paragraph 403, page 210 ---

THE CHAIRMAN: Excuse me. I was just conferring with Dr. Lehmann. Please proceed.

DR. ANDERSON: Yes, I'm sorry.

"Some LSD users, but by no means ---

This is from your report.

"Some LSD users, but by no means all, may have 'true' psychedelic experiences, that is, transcendental 'peak' ex-

eriences which have been compared
to mystical states and to religious
ecstasy."

This again has been a claim that has
been made so often.

My comments: The outstanding writer
Aldous Huxley, after years of experimenting with
psychotropic drugs for the purpose of achieving trans-
cendental peak experiences, wrote near the end of his
life, "chemical methods of self-transcendence lead
to a state of degradation." Coleridge said the same
thing, he said much the same sort of thing. And I
think he said an utter destruction of the volition.
I have the exact statement somewhere. Coleridge has
said the same thing and many of our teachers have
quoted Coleridge as saying that he was able to achieve
his high, his transcendental experience in the writing
of The Ancient Mariner, and so on. But he himself
said in a letter to his brother which I have read and
have here the quotation if you wish it; that it is
a destructive thing.

Page 3: This is continuing my comments,
"Furthermore, as has been pointed out so often - if
these drugs have any effect toward enhancing insight,
etc., we should by now have had some objective evi-
dence of it."

Paragraph 404, page 212:

"Statistical evidence for the
incidence of lasting effects of
self-administered LSD on the per-

sonality structure is still very sketchy", you see,"but there is perhaps more clinical support for the unfavorable than for the favorable changes."

And I sort of take issue of the word "perhaps". My comment is: Not "perhaps more clinical support" - there simply "is" more clinical support - if all medical literature is carefully reviewed at a higher stage. I have made an attempt to read all of the medical evidence, being retired, I have been able to read all the medical literature that has appeared on these drugs.

-- that is in the English language.

Furthermore, if the prolonged psychotic reactions were included from those seen even in therapeutic experiments, as for example those reported in the Canadian Medical Journal as long ago as November 11th '67, this excerpt would convey a much truer picture of the deleterious effects of LSD. In other words I feel you have given the wrong impression here of LSD. I think it should be pointed out right there clearly, and definitely.

Paragraph 427, page 231:

"The conclusion we draw from the testimony we have heard is that it is a grave error to indulge in deliberate distortion or exaggeration concerning the alleged dangers of a particular drug, or to base a

programme of drug education upon
a strategy of fear."

This has been said thousands of times.

Now my comment: Might it not be
advisable to state here or somewhere in the report
that it has also been a grave error to indulge in
deliberate distortion or exaggeration concerning the
alleged harmlessness and even desirability of psy-
chedelic drugs, particularly marijauna, by some
teachers, some university professors, some doctors,
some social welfare workers, some student counsellors.
For example, in our city there is still being circulat-
ed freely by^a/supposedly responsible body a so called
functional drug dictionary which states in part;

"The effects of marijauna alter
or heighten the sense of percep-
tion or perspective."

You will notice that they say they
alter or heighten the perception or perspective.

"Freak-outs are practically
non-existent."

What a statement to make.

"Can also be eaten on brownies,
tea or salad."

And of Hashish, the report says, "can
be smoked or eaten. And the stone"-- the experience
it means --"is better if eaten and also the stone
lasts longer." Now if I were a young person somewhat
on the fence regarding the use of drugs this would
certainly encourage me to start using it.

1 The final page, page 4, recommendations,
2 and these are brief, recommendation number 1: Compe-
3 tent research into the basic aetiology of the phenomena
4 of the non-medical use of drugs. I know you have re-
5 ceived this many times and you state this very, very
6 clearly in your report which I commend very much.

7 Number 2: Our present knowledge of
8 the deleterious effects of the hallucinogenic drug
9 and certain other drugs is sufficient to call for the
10 application of the preventative medicine principle
11 through adequate control of the drugs involved.

12 Number 3: Competent treatment of the
13 afflicted.

14 In conclusion: Through the ages,
15 prevention of disease, where possible, has been recog-
16 nized as superior to treatment of disease. The rela-
17 tive cost and effort of prevention is often infinitis-
18 mal compared to that of treatment after disease is
19 established. The reason I make that comment there,
20 Mr. Chairman, is that you have said a good deal
21 towards the end of your report, chapter 6 I think,
22 regarding the comparative costs of trying to apply
23 laws along this line. I am saying that the cost of
24 prevention of disease is infinitesimal compared with
25 the treatment. To stop typhoid epidemics (for example)
26 in our civilized world, we prevent the typhoid germ
27 from polluting our water supplies.

28 Prevention of the potential, if not
29 actual harm to the health of our minds - especially
30 the health of our young, is mandatory.

1 Over 60 of the civilized nations of
2 the world have been committed to rigid control of
3 certain drugs including cannabis by its 1961 inter-
4 national agreement. And another international confer-
5 ence on the problem is to be held in 1971, as you say
6 in your report, at which control of additional drugs
7 such as amphetamines and barbituates will be considered.

8 Now, Canada as a privileged nation,
9 has an opportunity, and perhaps an extra responsibility
10 in helping other nations control this highly profit-
11 able, but highly criminal international drug traffic.
12 She must also be aware of her responsibility in
13 helping to deter the seemingly determined efforts to
14 establish extensive markets among the young for the
15 consumption of these drugs.

16 But first of all, she must come to
17 firmer grips with the problem in her own backyard.

18 We can do it if we face reality and
19 use our common sense.

20 Prevention by rigid control is one
21 of the keys to our drug problem.

22 THE CHAIRMAN: Thank you, Dr. Anderson.
23 Are there any questions or observations from members
24 of the Commission?

25 Dean Campbell?

26 MR. CAMPBELL: With reference to the
27 last sentence in your conclusions, Dr. Anderson,
28 "prevention by rigid control", are you suggesting
29 here that there should be additional controls beyond
30 those that exist?

1 DR. ANDERSON: What I'm saying about
2 that really, what made me make this statement, after
3 30 years of practise before 1950 if you like, I was
4 so conscious of the thorough adequate control of the
5 morphine, of the narcotic in my practice. Considering
6 the amount of morphine used in our hospitals, the
7 great amount, considering this, the control was very
8 excellent, very adequate, you see. Now if we did it
9 there we should be able to do it elsewhere. That is
10 what I meant.

11 MR. CAMPBELL: Are
12 of control/that appeal to you, say, with reference to
13 cannabis or acid?

14 DR. ANDERSON: Yes, I can't help but
15 feel that cannabis is such an insidious thing and LSD
16 is such a harmful thing, and the long-term effects
17 of marijauna are so insidious that I think it needs
18 to be controlled much like the narcotics are controlled.
19 That is how I really feel to be absolute-
20 ly honest.

21 MR. STEIN: I'm a bit confused by that.
22 Do you mean that LSD should be placed under the
23 Narcotics Control Act?

24 DR. ANDERSON: No, as I referred there
25 the 1971 meeting is coming up. They are considering
26 putting the LSD and amphetamines in a group. It
27 doesn't matter to me where they are placed just so
28 long as they are controlled. I did not want to get
29 into details too much, because it is confusing. What
30 I'm saying is control.

1 MR. STEIN: Could I ask you a question
2 on your statement about competent treatment. Could
3 you give us your views as to the useful or effective
4 outcome of treatment programmes as you have come to
5 know about them, that work with drug users?

6 DR. ANDERSON: Yes, I think there is
7 a lot of value to them, but I feel that there are
8 youngsters going there, for example, I had two cases
9 this week, friends asking if I could take them to
10 this center and see what I could do. And both were
11 such cases; both needed the best psychiatric treat-
12 ment they could get. One was a fifteen year old girl,
13 the other was a sixteen year old boy. It would have
14 been a mistake for them to have gotten to these
15 centers.

16 MR. STEIN: What centers are you
17 talking about?

18 DR. ANDERSON: I'm talking about the
19 centers here.

20 THE CHAIRMAN: What is that, the street
21 clinic?

22 DR. ANDERSON: Mind you I have a lot
23 of respect and I helped to establish one of these.

24 MR. STEIN: No, I was interested in
25 your views as to what kind of compulsory methods
26 are successful in enabling users of drugs to cease
27 using drugs. Are you familiar with programmes either
28 in prisons or in hospitals?

29 DR. ANDERSON: No, I'm not familiar
30 except in what I have read. I have had the experience

1 of seeing real drug addicts, and believe me this is
2 one of the most unhappy situations a doctor can see,
3 that of a true heroin addict is a catastrophe of the
4 first order.

5 MR. STEIN: But you mentioned psychiat-
6 ric help. Is there a feeling that this psychiatric
7 help ought to be available to these persons, or that
8 they should be in some way required ---

9 DR. ANDERSON: I did not want to get
10 into that. What I wanted to say is the afflicted
11 needs competent treatment. That is all I want to say.
12 I didn't want to get into detail.

13 THE CHAIRMAN: Do you have any views
14 on whether -- on compulsory treatment, Doctor?

15 DR. ANDERSON: No. I didn't want to
16 get into that.

17 THE CHAIRMAN: We have to get into it,
18 Doctor, can you help us?

19 DR. ANDERSON: I think you can gather
20 what I am thinking about that. Yes, I think under
21 certain circumstances compulsory treatment is maybe
22 necessary.

23 THE CHAIRMAN: Under certain circum-
24 stances?

25 DR. ANDERSON: Under certain circum-
26 stances, yes.

27 THE CHAIRMAN: You wouldn't rule it
28 out on principle?

29 DR. ANDERSON: No. Much like venereal
30 disease I think it is compulsory under certain circum-

DR. LEHMANN: Well, Dr. Anderson, the legal regulations regarding the treatment of syphilis are still the same as they were in the '30s.

DR. LEHMANN: It would indicate then control is apparently not effective.

DR. LEHMANN: With regard to the drug problem someone who is smoking marijauna regularly, should he be treated as though he has a disease for which compulsory treatment is required if he doesn't feel that he is ill?

DR. LEHMANN: So you would not consider

1 an illness if someone is psychologically dependent
2 on marijauna?

3 DR. ANDERSON: Yes, I would consider
4 it an illness but I wouldn't consider him afflicted
5 as I am indicating here, not to that degree.

6 THE CHAIRMAN: Are there any other
7 questions or statements for Dr. Anderson?

8 Thank you very much, Doctor.

9 I call now on Mr. David Gladders of
10 Trust.

11 Mr. Gladders?

12 MR. GLADDERS: There is a change on
13 that drug schedule I gave you, on the last page
14 I indicated 39% population.

15 THE CHAIRMAN: Excuse me, could you
16 speak closer to the microphone?

17 MR. GLADDERS: Yes. Is that better?

18 THE CHAIRMAN: Yes.

19 MR. GLADDERS: I indicated there was
20 39% of the student population and that should be
21 25%.

22 THE CHAIRMAN: Where? What figure --
23 where is that?

24 MR. GLADDERS: It is on the second page
25 of the drug survey about half way down, just above
26 "Reasons given by the students for use of drugs".

27 THE CHAIRMAN: The figure there is
28 39% and what should it be?

29 MR. GLADDERS: Twenty-five per cent.

30 THE CHAIRMAN: I am having difficulty

1 hearing you. Could you pull that microphone closer
2 to you? Because our stenographers have difficulty
3 registering you.

4 MR. GLADDERS: I don't really have
5 all that much to say. There is a copy of the Trust
6 Brief which has been presented to the Provincial
7 Government, which is included in that folder I gave
8 you and I think that pretty well covers an awful lot
9 of area and I wouldn't really like to read it out to
10 you.

11 THE CHAIRMAN: You say you wouldn't
12 like to read it out?

13 MR. GLADDERS: I wouldn't like to read
14 it out.

15 THE CHAIRMAN: Could you give us a
16 brief idea of what Trust is?

17 MR. GLADDERS: Trust is a drug crisis
18 centre in the city and we deal mainly with drug crisis
19 problems that occur in the community, and as such
20 we operate a 24 hour 7 day a week crisis operation
21 and we also provide some sort of an educational
22 facility by going out and talking to schools and pro-
23 viding all sorts of information.

24 THE CHAIRMAN: How long have you been
25 operating?

26 MR. GLADDERS: Since mid-July under
27 government funds and prior to that since last January.

28 THE CHAIRMAN: In other words from
29 January to July you didn't have government support?

30 MR. GLADDERS: No. We don't have too

1 many records for that period.

2 THE CHAIRMAN: Is your financial
3 support all from the government?

4 MR. GLADDERS: In July we had a
5 \$20,000 government grant, but we get small donations
6 from the community too. But they are not really all
7 that large, not more than \$1,000.

8 THE CHAIRMAN: How did you function
9 from January to July?

10 MR. GLADDERS: It was all done
11 voluntarily out of one persons house, using his own
12 private home.

13 THE CHAIRMAN: What does your staff
14 consist of?

15 MR. GLADDERS: Nine staff workers, one
16 staff co-ordinator, myself and one secretary.

17 THE CHAIRMAN: What are their
18 qualifications?

19 MR. GLADDERS: Mainly drug usage.

20 THE CHAIRMAN: What do you mean by
21 that qualification?

22 MR. GLADDERS: They have used drugs
23 themselves and know quite a bit about it. We have
24 got one guy who has a Bachelor of Education degree.
25 I've got three years in Education. Most people have
26 their high school education.

27 THE CHAIRMAN: Do you have any medi-
28 cal help?

29 MR. GLADDERS: The medical staffing of
30 our organization, that is called Ship and it is all

1 done voluntarily. We have doctors on call 7 days a
2 week, 24 hours a day and we have an R.N. or a 4th year
3 medical student in the house Thursdays, Fridays, Sat-
4 urdays and Sundays 24 hours.

5 THE CHAIRMAN: What is the nature of
6 the service you render in the drug crisis unit?

7 MR. GLADDERS: Mainly just talking to
8 kids who are having problems when they are stoned and
9 when they are not stoned, and if some sort of medica-
10 tion has to be administered we make sure some sort
11 of medication is administered to them.

12 THE CHAIRMAN: Who administers the
13 medication?

14 MR. GLADDERS: It is all done by
15 ^{or doctor's} doctors / orders over the phone, by an R.N. or a 4th
16 year medical student. The house has been set up as
17 an extension of the University of Alberta's Education
18 Program too so that a number of students can do this
19 thing.

20 THE CHAIRMAN: So you make referrals
21 to doctors, do you?

22 MR. GLADDERS: If cases are very
23 serious. We have something like 59 cases that re-
24 quire some sort of a follow up out of a total of --
25 let's see, from mid-July to the present date we have
26 something like 249 cases on a file system that we
27 have had some sort of a report on and that doesn't
28 by any means cover all that we have dealt with.

29 THE CHAIRMAN: What do you do of a
30 therapeutic nature there, exactly?

1 MR. GLADDERS: There is not really
2 too much of a therapeutic aspect we deal with, it's
3 just mainly handling problems with ^{drug information,} like handling a
4 kid on Mescaline and he doesn't know whether he's
5 going up or down. And sometimes they get quite
6 frightened, you are just merely providing information.

7 MR. STEIN: Is there any intention or
8 desire to move beyond a program focused on drug crisis
9 situation?

10 MR. GLADDERS: We could very easily
11 do it, but we think that would probably ruin Trust
12 as a crisis operation. Right now we feel it is a very
13 good contact point for kids. We are getting a really
14 good feed-back and going out and talking to kids in
15 the schools and we have a pretty good relationship
16 with all of the street people. We have a good rela-
17 tionship with the Georgia Straights.

18 MR. STEIN: Maybe I didn't make my
19 question clear. How did you interpret my question?

20 MR. GLADDERS: I thought you probably
21 wanted to get us into -- it would be very easy for
22 us to get involved in the field of heavy drug abuse
23 and set up some sort of a ---

24 MR. STEIN: I meant whether you had
25 considered broadening your kind of activities to get
26 involved in programs -- for example, I'm thinking of
27 some of the services of this sort in British Columbia
28 where people have moved into making movies, getting
29 involved in setting up programs -- that have nothing
30 to do with drugs.

1 MR. GLADDERS: Yes, we have been --
2 I myself was involved in doing some research for a
3 movie that was sponsored by the Provincial Government,
4 but that was before ---

5 MR. STEIN: But that was about drugs?

6 MR. GLADDERS: Yes. And two of our
7 staff members have been involved with helping out in
8 the schools that have regular television arts courses,
9 they've been doing regular drug service programs for
10 the schools.

11 MR. STEIN: What I'm getting at is,
12 does a person have to perceive himself as being in a
13 state of crisis to seek your contact?

14 MR. GLADDERS: No; no. We have people
15 coming in that just want to sit down and talk.

16 MR. STEIN: Could you also indicate
17 whether there are other -- maybe I should put it this
18 way -- competing services of this kind in Edmonton?
19 I heard in a recent conversation with someone who had
20 been here that there was something in the order of
21 five or six services, street services to people with
22 drug difficulty in Edmonton that had all developed
23 in the last year and I find this quite interesting.
24 Is that correct?

25 MR. GLADDERS: Not that I know of.

26 MR. STEIN: Are there other agencies
27 you are familiar with?

28 MR. GLADDERS: There is another agency
29 called the Edmonton Emergency Drug Society and they
30 were mainly set up with our help. They asked us if we

1 would send one of our staff to help them set it up,
2 and we said, "Sure". And they are the people that
3 did this survey from the City High School that is in
4 front of you. So we have had a really close coopera-
5 tion with them.

6 MR. STEIN: What kind of a relation
7 do you have with law enforcement people?

8 MR. GLADDERS: Really good. We haven't
9 had any problem at all, none.

10 MR. CAMPBELL: I wonder, Mr. Gladders,
11 if you could give us some information about trends
12 in drug use. The survey, of course, is extremely
13 useful but it is a static fact. Could you tell
14 us anything about the changes in the instances of
15 drug use, perhaps the changes about the patterns of
16 use and about motivation and if any drugs are achiev-
17 ing more prominence now than they did a few years ago.

18 MR. GLADDERS: Heroin is ^{becoming} the prominent
19 drug now in Edmonton. We have only had figures from
20 July until mid-November and you can't make any definite
21 statement on that.

22 MR. CAMPBELL: What sort of figures
23 have you in this period?

24 MR. GLADDERS: It is all inside the
25 brief.

26 MR. CAMPBELL: In the big brief?

27 MR. GLADDERS: Yes.

28 MR. CAMPBELL: Not in the survey?

29 THE CHAIRMAN: Just a minute. Can we
30 pursue that? I would like to pursue that. Where are

1 these figures?

2 MR. GLADDERS: It comes under Trust
3 in the crisis center.

4 THE CHAIRMAN: What is the page?

5 MR. GLADDERS: It is about halfway
6 through the report.

7 THE CHAIRMAN: What are the age groups
8 affected?

9 What are the ages affected?

10 MR. GLADDERS: The ages range from 10
11 to 15, and 13 to 27. In males the predominant area
12 of drug -- this is concerned mainly with the people
13 we get from 15 to 22. And females it goes from, say,
14 13 all the way up to 22, the peak period between 15,
15 16 and 17. And the drugs that are most commonly abused
16 are LSD and others of a chemical nature and we find
17 that that comes about mainly through the same drugs
18 or dropping in some sort of a bad environment.

19 MR. CAMPBELL: Going back to the
20 heroin for a moment. Could you tell me something
21 about the type of individual who appears most likely
22 to have a heroin experience?

23 MR. GLADDERS: The ones that we have
24 come in contact with are mainly -- I don't think I
25 could make any definite statement on that.

26 MR. CAMPBELL: Would a high proportion
27 of them be having a heavy speed use previously?

28 MR. GLADDERS: They would probably
29 have some involvement in this use, yes. You know,
30 first they start shooting acid and then they go into

1 speed and MDA and then to heroin.

2 MR. CAMPBELL: Have you been told of
3 the motivation of the move to heroin?

4 MR. GLADDERS: No, I think the brief
5 that comes after me, I think Dr. David Craig is going
6 to be speaking after I am and he knows quite a bit
7 about that situation.

8 MR. CAMPBELL: All the people you have
9 seen involved with heroin, are these mainly people who
10 have developed an addiction or ---

11 MR. GLADDERS: Yes. The majority have
12 been. There was one instance of a girl who came to us
13 when I understand her boyfriend asked her to marry him
14 and she refused and so he grabbed her and shot her up
15 with heroin. That's about the only case we had, but
16 every other case we have had was some sort of an
17 addiction.

18 MR. CAMPBELL: About how long standing
19 has heroin use been for the time you have seen it?

20 MR. GLADDERS: Anywhere from six months
21 to a year.

22 MR. CAMPBELL: And when they come to
23 you ---

24 MR. GLADDERS: These are the young
25 people taking it.

26 MR. CAMPBELL: And what would lead
27 them to come to you?

28 MR. GLADDERS: Currently the fact
29 that one of our staff members has been involved in
30 getting some sort of hard drug center set up in the

1 city. That has been one very prime motivating factor
2 in the last month in the heroin cases we have seen.
3 In the past it has just sort of been like, mainly,
4 "Can you get me some valium over-night so I can perhaps
5 get into a program somewhere else, or so I can sit
6 down and start withdrawing."

7 MR. CAMPBELL: They tend to be then
8 looking to withdraw when they come to you?

9 MR. GLADDERS: Yes.

10 MR. CAMPBELL: On the basis of what you
11 know of ^{the} situation do you have any feeling about the
12 future with reference to heroin in this area? Is there a
13 growing interest, for instance?

14 MR. GLADDERS: It is a growing interest.

15 MR. CAMPBELL: In what sort of popula-
16 tion do you see this use?

17 MR. GLADDERS: In the high school
18 population.

19 MR. CAMPBELL: How is this interest
20 developing? Is it one that is being encouraged by
21 those involved in the sale, or more spontaneous?

22 MR. GLADDERS: I think it would be
23 more spontaneous. There is some encouragement, par-
24 ticularly we have been having a great deal of trouble
25 of people coming to us and we get them on some sort
26 of maintenance program and then the next thing we know
27 they are shooting up again.

28 MR. CAMPBELL: When you are speaking
29 of a spontaneous interest, have you any idea what the
30 factors are that are generating this interest in heroin?

1 MR. GLADDERS: I think a lot of this
2 comes from a lot of people just like needles. And
3 then there is the fact that "Well, what the hell, why
4 not?" I think that is about the prime motivating
5 factor. I don't think anyone goes through any great
6 moral decisions of doing it or not. They just do it
7 and so what.

8 MR. CAMPBELL: Those people that are
9 most at risk to move on to heroin, can you tell us
10 something about the knowledge they have of this
11 drug and it's effects?

12 MR. GLADDERS: Very little.

13 MR. CAMPBELL: Would they be aware
14 of it's addictive capacity?

15 MR. GLADDERS: Well, most people can
16 rationalize that out, all the scare talk going on
17 about marijauna and things like that, people manage
18 to rationalize it out.

19 MR. CAMPBELL: What sort of rationa-
20 lization do you see?

21 MR. GLADDERS: This is just personal
22 opinion, "They lied about marijauna so they may
23 have lied about heroin." You know some people can
24 shoot heroin up to six times before they get strung
25 out on it. It depends on how you use it. If you
26 use heavy heroin you are bound to get strung out on
27 it, but if you do it sporadically, say, if you shoot
28 up six times over a year, you're not going to get
29 strung out on it or addicted to it.

30 MR. CAMPBELL: So that the prepond-

1 of evidence you have would suggest a likelihood
2 of increased heroin use?

3 MR. GLADDERS: Yesterday when I saw
4 that survey from that City High School, there are
5 six instances of heroin that are reported there and
6 that sort of threw me for a loop.

7 MR. CHAIRMAN: What was that survey
8 again? Is that the one you have submitted here?

9 MR. GLADDERS: That is the first in
10 there that I changed the figures on at the beginning.

11 Now, that school was not known as a
12 dope school in that city, and there are six heroin
13 cases in that school. And I know quite a few of my
14 own friends who have been involved with heroin over
15 the past summer.

16 MR. CAMPBELL: Is heroin fairly
17 readily available to those who have^{an} interest in it?

18 MR. GLADDERS: It would appear to be
19 that way.

20 MR. CAMPBELL: Does there appear to
21 be a fairly steady supply?

22 MR. GLADDERS: I would think so but
23 I'm not an authority on the heroin situation, by any
24 means, but I would think so. Some people that I
25 have talked to that has been indicated.

26 DR. LEHMANN: In this high school
27 study, that 1147 students and 6 reported heroin taking,
28 and that is not quite 1.7 per cent, is it?

29 MR. GLADDERS: I think that is 1.7
30 per cent of the total drugs. I did not do the actual

1 figures on that.

2 DR. LEHMANN: And in your Trust report
3 I see that you had 3 reported because of valium.
4 How did they -- in what way -- did they freak out on
5 valium or were they drowsy, or what?

6 MR. GLADDERS: They just got too much
7 valium. I think it was more than just associated
8 with valium, there would be other drugs involved too.
9 Valium was also involved.

10 DR. LEHMANN: These people had taken
11 valium or had been given valium?

12 MR. GLADDERS: They had taken valium.

13 DR. LEHMANN: They had taken it
14 themselves. Do drug takers use it quite frequently,
15 to get them down?

16 We have heard of valium being stolen
17 from clinics and so on, so there must be some sort
18 of a market for that?

19 MR. GLADDERS: There is a street
20 market for valium. I know some people who are involved
21 in using needles and MDA and things like that, they
22 usually have a supply of valium. And some of the people
23 I talked to this summer who were strung out on MDA,
24 they indicated to me that they sometimes have their
25 own valium supply to compliment that. And also when
26 you get strung out on MDA for a while you get bad
27 physical reaction so valium can usually level off
28 this trip.

29 DR. LEHMANN: When you give valium at the
30 Trust Centre, how is it administered?

1 MR. GLADDERS: It is administered
2 under doctor's supervision, sometimes inter-muscularly
3 and sometimes orally. It depends on the seriousness
4 of the situation.

5 DR. LEHMANN: Is it always given under
6 the doctor's order?

7 MR. GLADDERS: Always.

8 MR. CAMPBELL: In your survey I see
9 about 20% of those who have ever used drugs have not
10 used cannabis. You showed 75.5 for marijauna, 80.4
11 for hashish. Of those who have not used cannabis
12 what would be the drug that they would most likely
13 use?

14 MR. GLADDERS: You are referring to
15 that drug survey?

16 MR. CAMPBELL: Yes. I'm interested
17 in the drugs likely to be used by the 20%.

18 MR. GLADDERS: Probably glue and
19 tranquillizers.

20 MR. CAMPBELL: So there would be
21 relatively few, I would take it then, who have used
22 speed or acid without also having used cannabis?

23 MR. GLADDERS: I just have to re-
24 phrase that. You said people who have used speed
25 and acid would also use cannabis, is that right?

26 MR. CAMPBELL: Would that be the
27 interpretation?

28 MR. GLADDERS: Yes.

29 MR. CAMPBELL: Do you notice in the
30 speed population any particular social characteristics?

1 Do they differ from others?

2 MR. GLADDERS: No, I think you will
3 find that there are not many who are really strung out
4 on speed, among the people I know, they take speed
5 every once in a while but they are not really strung
6 out on it.

7 MR. CAMPBELL: Of the 13.1% who report
8 having used speed do you have any feeling about how
9 many of these would be reporting intravenous as
10 opposed to oral speed use?

11 MR. GLADDERS: I think they would be
12 all intravenous.

13 MR. CAMPBELL: They would be all intra-
14 venous?

15 MR. GLADDERS: There would be a good
16 majority.

17 MR. STEIN: What is the basis of your
18 determination that a particular drug is involved? Is
19 it the statement of the user when you are in contact
20 with him, or is it an analysis of some kind of what
21 he's used? For example heroin, you indicate here
22 a certain figure for number of rescues, numbers of
23 times that the drug heroin is a cause of concern.
24 What is your basis for that kind of statement?

25 MR. GLADDERS: Usually you take the
26 word of the individual involved, and usually these
27 are referred -- most of our heroin cases get involved
28 with Dr. Craig and these situations can be checked out,
29 what their character is like, if it is heroin they
30 are involved with. But in some instances you can tell

1 from the violent reaction of just what the individual
2 said.

3 DR. LEHMANN: If you have to take some-
4 one who has freaked out to a hospital what is your
5 experience with the hospital authorities and the re-
6 ception there?

7 MR. GLADDERS: Usually it has been
8 pretty good. We have not run into too many problems
9 with hospitals.

10 DR. LEHMANN: And the drug takers, what
11 is their attitude towards it?

12 MR. GLADDERS: In some cases the most
13 of them don't want to go and it takes a great deal of
14 time to talk them into going.

15 DR. LEHMANN: Why would they not want
16 to go?

17 MR. GLADDERS: A lot of them are afraid
18 that they are going to get committed, I think.

19 DR. LEHMANN: Are many committed?

20 MR. GLADDERS: No, not that many. Just
21 very, very severe cases.

22 DR. LEHMANN: And of those cases would
23 you agree that they should have been committed?

24 MR. GLADDERS: Yes, very much so.

25 DR. LEHMANN: So this belief then,
26 this fear is not justified?

27 MR. GLADDERS: Not usually.

28 MR. CAMPBELL: Do you have any feeling
29 about the future of other drug use? I'm^{not}/talking here
30 now about ^{heroin.} I'm talking about others. Do you have

1 any feeling about what the incidence of use or patterns
2 of use are apt to be about a year from now?

3 MR. GLADDERS: I think you will still
4 find people using marijauna and hashish and LSD and
5 mescaline and those drugs.

6 MR. CAMPBELL: Do you think the number
7 of people involved has reached its' peak or are we at
8 a continuing increase?

9 MR. GLADDERS: I think you will probably
10 still find continuing increase.

11 MR. CAMPBELL: Over the same rate as
12 there has been over the last year or is that rate
13 changing?

14 MR. GLADDERS: I would say over the
15 last year it has levelled off somewhat and it will
16 reach its' peak within the next two or three years.
17 But whether it will go down or maintain that level I
18 could not say.

19 THE CHAIRMAN: I notice, Mr. Gladders,
20 that 37.5% I take it, ^{are} /drug users under the age of 16,
21 how young are they -- to what age does that go down
22 to?

23 MR. GLADDERS: The youngest individual
24 on that survey -- that would be at a high school level
25 so the lowest would probably be somewhere in the
26 junior high school level, I think the lowest age
27 quoted was 13 in this instance. But the youngest
28 person we have dealt with in any sort of crisis situa-
29 tion has been 10 and he had done acid about two or
30 three times. I think the oldest person, it is not re-

1 ported in our files, was 65 and that was also a case
2 of LSD.

3 THE CHAIRMAN: Are there any other
4 questions or ---

5 MR. CAMPBELL: At the top of the page,
6 Mr. Gladders, total number of students 1,550?

7 MR. GLADDERS: That is the total popula-
8 tion of that school.

9 MR. CAMPBELL: To what proportion was
10 the questionnaire given?

11 MR. GLADDERS: One thousand, one hun-
12 dred and forty-seven.

13 MR. CAMPBELL: They received the
14 questionnaire. How many completed it and returned it?

15 MR. GLADDERS: That is how many com-
16 pleted it and returned it.

17 MR. CAMPBELL: Everybody who got it
18 returned it?

19 MR. GLADDERS: I don't know where
20 they got the total number of 1,550. The surveys we
21 got back totalled 1,147.

22 MR. CAMPBELL: I see.

23 THE CHAIRMAN: Yes, the gentleman at
24 the microphone.

25 THE PUBLIC: I do not think it has been
26 noted that a lot of people are freaking out on acid
27 and this is caused by just bad dope, it is not necess-
28 arily the acid. There is a lot of bad dope around.

29 MR. GLADDERS: I think the combination
30 of bad dope plus bad environment in what the kids are

1 doing.

2 THE CHAIRMAN: Have you made analysis
3 of the drugs?

4 MR. GLADDERS: We have had some analysis
5 but in some cases it gets to be -- initially when we
6 first started going in July there was a certain amount
7 of
/paranoia on the staff's part about going around and
8 picking up dope, because we thought there was a good
9 chance we might be setting ourselves ^{up for} some sort of a
10 bust.

11 THE CHAIRMAN: How do you know that
12 there have been adulterated drugs?

13 MR. GLADDERS: On the analysis we have
14 had done so far, on MDA just last week, it turned out
15 to be amphetamines, morphine and ether.

16 THE CHAIRMAN: Where did you get the
17 analysis done?

18 MR. GLADDERS: It was done at the
19 University Hospital.

20 DR. LEHMANN: Have you considered
21 amphetamines, ether and morphine more dangerous than
22 MDA?

23 MR. GLADDERS: If it is abused, yes.
24 Same as if MDA is abused. We had one death in the
25 city last year.

26 DR. LEHMANN: Well then it would not
27 make any difference. If it is abused any drug could
28 be dangerous. So how do you point out and why are
29 we so often told that bad trips are due to the fact
30 that the drug is not what it is supposed to be? The

1 assumption is that if it would have been MDA it would
2 have been better than amphetamines or morphine?

3 MR. GLADDERS: Well, let us take advan-
4 tage of the relationship between pure LSD and street
5 LSD. Usually street LSD contains speed. It can be bad
6 if you get too much speed. You get an individual who
7 will just not be able to cope with it. Things will
8 just start going too fast for him and if they do it with,
9 say, about 10 or 15 people at a party where things are
10 just going and everybody else is freaking out all over
11 the place, people get a bad trip out of it.

12 DR. LEHMANN: What about the dosage of
13 LSD? In what dosage is this LSD taken?

14 MR. GLADDERS: Usually it is ---

15 DR. LEHMANN: Pure LSD.

16 MR. GLADDERS: In the cases we have
17 at the house they just do, say, one to four capsules.
18 It varies, how much is in a capsule. I have no way of
19 telling. I think they average ---

20 DR. LEHMANN: How do you know the bad
21 trips, if they are not due to LSD alone, are due perhaps
22 to the adulterance, or perhaps due to the fact that the
23 dosage is perhaps unknown?

24 MR. GLADDERS: I hadn't finished what
25 I was going to say. We usually have one to four caps,
26 but usually there is some kind of a mixture involved;
27 they are usually using some other kind of drug too,
28 and it usually turns out to be alcohol.

29 DR. LEHMANN: Simultaneously?

30 MR. GLADDERS: They usually take acid

1 and wine, drink a bottle of wine with the acid.

2 DR. LEHMANN: That would cause a lot of
3 bad trips with the purest of LSD.

4 MR. GLADDERS: I'm talking about reac-
5 tion where you get an individual who takes speed, and
6 they don't don't what they are doing.

7 DR. LEHMANN: How much is there supposed
8 to be in a cap of LSD now?

9 MR. GLADDERS: Two hundred and fifty
10 micromilligrams per cap.

11 DR. LEHMANN: So, one guy took four;
12 if it was pure LSD that would amount to a thousand
13 micromilligrams of LSD?

14 MR. GLADDERS: If they took the four.

15 DR. LEHMANN: They usually take four?

16 MR. GLADDERS: Usually over a period of
17 an hour.

18 DR. LEHMANN: That is quite a high dose.

19 THE CHAIRMAN: Any other questions or
20 comments? Thank you very much, Mr. Gladders.

21 I call now on Miss Isabelle Munroe,
22 Dean of Women, and Dr. Mehra of the University of Alberta.

23 MISS MUNROE: Well, you may remember
24 when we presented our brief previously just on the
25 basis of some impressions that we had in connection
26 with the scene on campus; that Professor Ryan mentioned
27 that we did have a study that had been initiated to try
28 and get a picture of life in residence particularly, and
29 so we thought the Commission might be interested in
30 just a brief statement on the purpose of that study of
the residence environments; not particularly in relation

1 to drugs but I will read the statement that Dr. Mehra
2 has prepared. Dr. Mehra is in charge of the study
3 and you may want to ask her some questions in connection
4 with it.

5 This is a research description of the
6 study. "The Office of the Institution of
7 Research at the University of
8 Alberta is doing a survey study
9 under the directorship of Dr. M.
10 Mehra designed to understand the
11 life in the student residences.
12 The study is sponsored by the
13 Office of the Provost, Professor
14 Ryan of the University of Alberta.
15 To start out, the objective of the
16 study was to understand living
17 conditions in the complex with a
18 view to spot out areas which need
19 improvement. However, the survey
20 questionnaire used for the study
21 was subsequently extended to include
22 a broad range of topics relevant
23 to the prevailing social and educa-
24 tional values of our times, but
25 use of drugs by the resident stu-
26 dents on one such topic only was in-
27 cluded in the survey. We proceeded
28 to extend the study on this matter
29 on the premise that the resident
30 students' beliefs and attitudes

would reflect the social and moral values and the life of the youth at large on the campus.

We felt that it was important rather than always going just on impressions of what people were saying was the attitude of students on that this or that was happening; that if we could it would be important to be a little more accurate and that was the basis for the study.

Our questionnaire consists of several parts, one of which seeks information on, first the prevailing use of drugs amongst all the resident students and second, the proportion of students using the drugs; third, the frequency of use; fourth, the reasons which prompted the use of drugs and fifth, drug experience; sixth, sources of obtaining drugs; seventh, the prevailing moral values and judgment with regard to the use of drugs among the students. This information is to be related to a number of variables through statistical analysis. For instance one, family background, socio-

1 economic level, education etc.;
2 two, academic aptitude; three,
3 personality characteristics. One
4 distinct advantage that can be
5 gained by such a study
6 would be the judgments on the ques-
7 tion of drug use would be based
8 on factual information given by
9 the students themselves rather
10 than false and half-truths. The
11 survey was completed by the data
12 analysed and the report is currently
13 under preparation and is expected
14 to be completed shortly."

15 Now if it is felt that some information
16 from this kind of a study would have value for the
17 Commission we would certainly discuss with the students
18 the possibility of a copy of the report being forwarded
19 to the Commission and we do have a copy of the kind
20 of questionnaires that the students were completing
21 for this study.

22 THE CHAIRMAN: Thank you.

23 I am interested and we would certainly
24 like a copy, but I would be interested in your general
25 impressions as Dean of Women on these matters now.
26 Are you able to give us any impression of drugs in the
27 university, or the student attitudes?

28 MISS MUNROE: Well, the last -- you
29 are probably aware of the referendum that they carried
30 on across the country on different campuses in connec-

tion with the legalizing of marijauna. It is hard to
interpret the results from around ^{the} campus because it
was combined with another referendum at the same time
and it got less response then another referendum
although it was a simultaneous referendum. Those in
favour of legalizing marijauna was slightly higher
than those opposed. But again, ^{the} questionnaire was
worded in such a way but it was not possible to deter-
mine whether they were saying that as clearly as they
sounded. The fact that the numbers voting in this
particular referendum was so slight, I think, and you
can't, you know, this is my own personal opinion and
I don't think anybody could really be sure on this;
I have a feeling that it does relate in some instances
to students being less certain now that legalizing is
the answer. The students are very opposed to having
restrictions or saying what is right for another
person and this is very noticeable in this day and
age; that the students will say, "Well, that's not
right for me but if somebody else thinks it's all
right for them, okay." So I think that they hesitate
very much to come out and say, "Well, we think that
it should remain illegal." On the other hand, I
think that there is -- my own reading of it is that
there has been a drawing back from saying so strongly,
"We think it should be legalized." Most people are
saying, "We don't know now and we are not going to
vote at all." You know, that is again just a persona
opinion.

Now, in ^{connection} / with the situation on

1 campus, I don't get very much impression that it has
2 changed a lot. I do get an impression that students
3 generally are a little more knowledgable about the
4 use of drugs and are talking out of a more factual
5 base than they were in the past.

6 Rather now then just quoting --
7 knowing people who have been using drugs and feeling
8 that it is okay or that it is bad -- there is now a
9 more sophisticated knowledge of some of the things
10 that have been expressed in publications.

11 THE CHAIRMAN: Dean Campbell?

12 MR. CAMPBELL: To go beyond drugs
13 perhaps to the general attitudes of students, the
14 mood of students. I notice a report in one of the
15 Montreal papers last week to quote two paragraphs, a
16 story from Edmonton:

17 "Sooner or later the facts come
18 out. The facts now emerging
19 demonstrate the student protest
20 movement on the prairies was
21 mainly sound and purely signify-
22 ing nothing. What seemed to
23 happen is this: To an all en-
24 compassing apathy the muniscual
25 core of activists got into key
26 positions in organizations."

27 And it goes on to suggest that
28 apathy may be an increasing mood among the students,
29 interest in social issues, certainly deminishing.
30 Would this be an opinion you would share?

1 MISS MUNROE: Not really. I think
2 with any organization the size of the university, par-
3 ticularly our university here that has grown so rapidly,
4 that it is sometimes hard for us to -- in organizations
5 -- to find the way to reach their constituents. I
6 think they are having the same problems that government
7 is having generally.

8 I also think that there certainly is
9 a natural tendency if they try something in connection
10 with social action and it doesn't work, then they may
11 get discouraged pretty easily but where they have
12 programs going on for sometime that aren't particularly
13 complex but that are very valuable in terms of social
14 concerns -- we have a very good turnout of people
15 interested in such programs, and generally speaking I
16 would say most of our organizations on campus are
17 still fairly viable; but the size of the university
18 is affecting this. I don't think the students are
19 apathetic.

20 MR. CAMPBELL: Do you feel any change
21 in the mood of students in the last year or so?

22 MISS MUNROE: No, I really haven't.
23 This is, again, a little hard to judge because I've
24 just been dealing with it and this is just my third
25 year and it's hard to have^a/perspective in that period
26 of time.

27 Some of the students within the resi-
28 dence claim that there is a difference with incoming
29 students from what they felt was the situation when
30 they came in. Again, I find it hard to evaluate this

1 because I think at this stage one, two years, you kind
2 of forget what it was like and this is not always easy
3 to be sure whether they are truly evaluating a change
4 or not.

5 MR. STEIN: What is the kind of change
6 that they think has occurred?

7 MISS MUNROE: That students are less
8 willing to conform, I would say, is the biggest.

9 MR. CAMPBELL: Conform to who?

10 MISS MUNROE: Conform to any kind of
11 regulations or social expectation; conform to any kind
12 of sort of group living norms that may be instituted
13 in connection with the functioning of a large group.

14 THE CHAIRMAN: And yet in that survey
15 that Mr. Gladders gave us, one of the reasons given
16 for the use of drugs is peer pressure.

17 MISS MUNROE: Yes.

18 THE CHAIRMAN: So that it is conformity
19 with -- it is resistance to conformity with the -- or
20 to the rules laid down by the authorities in
21 university, is it?

22 MISS MUNROE: Not within the residence
23 because really the residence is largely -- they make
24 their own rules and they are themselves the ones that
25 are primarily concerned in instituting rules and keep-
26 ing the students knowledgable about the rules. So it
27 is peer group pressure.

28 THE CHAIRMAN: We hear quite a bit as
29 we go around the country^{of}/concern about the future,
30 students, lack of confidence in the future, specifically

1 about employment, uncertainty about problems like pollu-
2 tion, general continuation of life.

3 What is your observation on the relevant
4 signifigance of that kind of feeling in your contacts
5 with students?

6 MISS MUNROE: I would find it difficult
7 to gauge this. There certainly is a feeling of distress
8 for students if they are not clear about their career
9 expectations and if they feel that there is a lack of
10 opportunity to do what they have equipped themselves
11 to do. Whether this is greater than it has been in
12 the past I would find it difficult to analize. I think
13 the situation is a little different still for women
14 students then for men in that women go sometimes a
15 little easier in terms of a career and have to be a
16 little more open ended.

17 We are conscious of this being important
18 for the student and my own feeling is that we probably
19 do need more facilities in order to help students be
20 both clear and, at the same time, flexible in connection
21 with their future planning.

22 THE CHAIRMAN: Dr. Mehra, would you
23 like to add anything?

24 DR. MEHRA: Initially when we undertook
25 this study to find out what changes the students them-
26 selves would like to have in their resident life. At
27 that point the students themselves expect something
28 just to know whether the use of drugs in the residence
29 is increasing, and to what extent, what kind of people
30 are taking these drugs. So at that point we prepared a

1 questionnaire which includes three parts and the first
2 part relates to life -- of the students in the resident
3 living and the second question is essentially some of
4 the social issues of our days -- of these days I mean.
5 And the third is the personality development. We
6 thought probably later on we would need to find out
7 the social background and the personality statistics
8 of these people; whether there is such a personality
9 disposition which prompts the users to use the drugs
10 or which differentiates the users from the non-users.

11 I was informed only yesterday after-
12 noon that the Commission was meeting here today, so
13 I couldn't prepare the factual information but I can
14 give some of my impressions looking at the title.

15 So far as the -- we selected 15% of
16 the sample from Lister Hall Student Residence on two
17 variables; on the basis of sex, as to years of study
18 -- we just wanted to see the rate of drug use among
19 the male versus female and also among the junior
20 students versus the senior students. The returns --
21 we got 95% of the girls answers and 68% -- nearly
22 70% of the boys answered. There could be two reasons
23 for that; one could be that it really wasn't a good
24 time. Professor Wright phoned our office late in
25 February that before the students got out of school
26 we would like to have an exploratory type of study
27 made. So when the questionnaire was given it was in
28 March and already the students were too busy because
29 of studies.

30 And the second reason could be that

1 Some of the students didn't want to disclose or
2 probably objected to such a survey which I don't think
3 so because we had meetings with the students, and as
4 I mentioned before, they wanted themselves, to find
5 out some of the reasons for the use of drugs and the
6 rate of drug use in the Lister Hall complex.

7 On the returns we have obtained so
8 far we found out 25% of the students are using drugs
9 and the same as male and female. But, a very large/^{proportion of}
10 the students have used drugs as a one shot, they were
11 just curious to find out what it is really, and
12 only 1% or only 4% of the whole sample have mentioned
13 that they use it regularly.

14 And a small proportion also mentioned
15 that they use it occasionally in the company of their
16 friends.

17 Now the students that have mentioned
18 that they used drugs, the reason given by them is to
19 have good mood or for just fun. It is not really to
20 escape problems or for the pressures of study, or
21 things like that. It is also the observation that the
22 students have more different views than the non-users
23 on the other aspects of life. Whether it is visiting
24 hours on residences or the concept of family life,
25 concept of boredom and things like that.

26 And another factor, personality factor
27 is that the users seem to be less conscientious than
28 the non-users.

29 THE CHAIRMAN: Less contentious?

30 DR. MEHRA: Conscientious.

1 THE CHAIRMAN: About what? About res-
2 ponsibilities?

3 DR. MEHRA: This is on the personality
4 factor. There are a number of items which collect
5 together and the students responses are measured on
6 these items and this difference is statistically signi-
7 ficant. That is what we found.

8 THE CHAIRMAN: You can't throw anymore
9 light on that?

10 DR. MEHRA: I wouldn't like to make
11 generalizations at all because this is a difficult
12 segment of the ^{campus} population. Most of the students come
13 from rural ^{areas} and I don't think we should make generaliza-
14 tions.

15 THE CHAIRMAN: I agree. Surveying is
16 a basis for possible hypothesis for further examination.
17 Could you put any more light on what is meant by
18 conscientious? In relation to what concern? ^{Student} /duties,
19 academic responsibility, concern for ones fellows?
20 What is it? Terms of behaviour, what is meant. We
21 really need the questions of the questionnaire.

22 DR. MEHRA: The students would like less
23 to abide by the rules and regulations.

24 MR. CAMPBELL: What was the name of
25 the questionnaire, again? Is this a personality re-
26 search form you were using?

27 DR. MEHRA: Yes, PF16.

28 DR. LEHMANN: There is a cluster on
29

30 DR. MEHRA: Yes. The innuenity has

1 seven items but then the cluster has different factors,
2 and the one factor was if a ^{student} /was conscientious.

3 THE CHAIRMAN: But an emphasis on the
4 willingness to comply with the rules and regulations?

5 DR. MEHRA: Right.

6 MR. CAMPBELL: Is that the one that
7 was developed at the University of Western Ontario?

8 DR. MEHRA: No, it was developed at
9 the University of Illinois and it is very widely used
10 throughout the world. I think there are two centers,
11 one at Princeton University and the other at the
12 University of California where they have their head-
13 quarters.

14 THE CHAIRMAN: Do you have any general
15 impression of the academic -- relative academic
16 standing or performance of the students who are drug
17 users?

18 DR. MEHRA: It is just observation
19 that these students are, to start with, in the high
20 school, they are comparable to the other students,
21 maybe slightly better. But in their -- we weren't
22 really able to measure their achievement in the univer-
23 sity. We took the December exam, ^{three point} /average, and the
24 achievement is slightly less than the non-users, but
25 it is not significant really. One observation we
26 made was that these people as far as social economic
27 background, family background is concerned, these
28 people come from quite well to do educated families.
29 They ^{parents} have a university education, their income
30 level is quite high, between \$10,000 and \$25,000, and

1 the occupation of the father is at the professional
2 level, professional or managerial level and so I think
3 I would say they have fairly good socio-economic back-
4 grounds.

5 MR. CAMPBELL: Would you analyze your
6 data to show your differences in academic performance
7 relating to the frequency of drug use?

8 DR. MEHRA: No, we have not so far
9 because as I mentioned we have altogether 66 people
10 using the drugs and the majority of these people,
11 around 44 mentioned that they^{used} it as a one shot, just
12 once to see what it is, and there are only 4 people
13 who mentioned they used it regularly. The rest, 20
14 mentioned that they used it among their friends, in
15 their company. So we have really not done that because
16 for the 4 people the number is too small to give us
17 any reliable information.

18 THE CHAIRMAN: Do you have any impress-
19 ions, again, which might serve as hypothesis to examine?
20 Do you have any impressions as to significant differ-
21 ences depending on, turning on a significant difference
22 in attitudes toward drug use, turning on a social or
23 occupational background of parents or on rural as opposed
24 to urban background?

25 DR. MEHRA: Yes, we analized it because
26 we tried to compare the profile of our students
27 against the norms. We found out that our students,
28 it is not quite similar to those students. So we felt
29 probably as they come from rural areas and this test was
30 developed in Illinois, where they used urban populations

1 so that could make a difference and so we differentiated
2 the students, urban versus rural at Lister Hall and
3 tried to find out whether that would make any difference
4 as to the use of drugs is concerned. But that really
5 doesn't make any difference.

6 THE CHAIRMAN: Are there any other
7 questions or comments?

8 Yes, would you like to go to the
9 microphone?

10 THE PUBLIC: I would just like to
11 point out that it seems interesting that one makes a
12 judgment of how conscientious a student is apparently
13 on the basis of their willingness to abide by rules and
14 regulations and it seems rather contradictory that we
15 have some historical juris- prudential kind of
16 prescience which would indicate that we judge a persons
17 conscientious nature by precisely their unwillingness
18 to abide by rules and regulations. And I refer you,
19 for example, to the Nuremburg war crimes. We judge
20 someone being conscientious in terms of Nazi Germany
21 by the fact^{that}/they were unwilling to abide by rules and
22 regulations. And I think if we attempted to draw
23 the same judgments in Canada here today one could
24 hardly make that kind of blanket statement. One could
25 say fairly the survey instrument showed ^{that} / people who
26 used the drugs were less willing to abide by rules
27 and regulations, but that I think stands hardly as a
28 judgment of how conscientious students are.

29 DR. MEHRA: Yes, that is true. I would
30 agree with you, but these were the terms used in the

1 manual I used and I think one should be very careful
2 in the use of these terms. I would agree with you.

3 THE CHAIRMAN: The gentleman at the
4 microphone?

5 THE PUBLIC: Concerning the apathy
6 which you stated exists on the campuses in the west,
7 I think it is not so much complete apathy but just the
8 external, you know, response, you know, doing some-
9 thing internally in students I think there is a lot
10 of turmoil because nothing is being done. The LeDain
11 Commission put in its' Interim Report about what they
12 thought should be done with the drug problem and the
13 journal changed it's editorial policy and everybody
14 was happy. And then about four or five months later
15 the Appellant Division of the Alberta Court starts
16 levying heavier sentences on people convicted of drug
17 usage and it seems, you know, a bit ridiculous. And
18 I can draw parallels in the United States where Mr.
19 Mitchell, the Attorney General down there, is going
20 to set up a drug commission which he is sure will find
21 that marijauna has detremental effects.

22 So what it amounts to is the kid is
23 just saying, "I don't give a damn". You know, "I'm
24 not going to try any means to bring change, I'm just
25 going to go ahead and do it". So they don't really
26 express opposition openly.

27 THE CHAIRMAN: Any other questions or
28 comments?

29 Thank you very much, Miss Munroe, and
30 Dr. Mehra.

1 I call on Dr. David Craig.

2 DR. CRAIG: Mr. Chairman, I would like
3 to thank you for asking me to return after the last
4 brief talk or discussion I had with you the year
5 before. I gather that the purpose of this meeting is
6 primarily to have a reaction to the preliminary report
7 of the Commission.

8 And today I want to address my remarks
9 to what seems to me to be one very important omission
10 and that is the non-medical use of drugs in penitentiaries
11 and jails, particularly heroin. I think this is
12 extremely relevant in view of some of the recommendations
13 which you are putting forward with regard to
14 sentencing of drug offenders.

15 First of all, when I saw you before I
16 think we had about 10 people, 10 heroin addicts in
17 treatment. The figure now is up to 60. To give you
18 some idea of the increase ---

19 THE CHAIRMAN: I'm sorry, what is the
20 figure, 60?

21 DR. CRAIG: We now have 60 patients
22 who have been in treatment over the last -- since you
23 were here in April. For example, in October we had
24 48 visits relating to the treatment of heroin addiction
25 and so far this month we have had 59 and this is
26 only halfway through the month. So that there has
27 been a dramatic increase the last two or three months
28 which is what we were forecasting back six months ago.

29 THE CHAIRMAN: Could you tell us something,
30 Doctor, about the ages and background of these

1 patients and what you can tell of the origin of their
2 habit?

3 DR. CRAIG: There are basically three
4 groups. There is the chronic addicts, usually about
5 the 40 year old age bracket usually who has had long
6 term jail or in treatment for a maximum period of years
7 and has been associating with the criminal element for
8 a long period. These people are usually referred to
9 a patient service. This is one group. The second group
10 are the younger patients who have become addicted, and
11 these are sort of in the 18 to 25 year old group. These
12 are people who have become chronically addicted and to
13 support this have been mixed up in trafficking and
14 pushing and prostitution in order to support their
15 habit, but haven't really become a part of the true
16 criminal element. And then there are the casual users
17 of heroin such as the secretary to one of the senior
18 government official who was in the other day, who
19 came in with a common-law husband basically because
20 they had reached the stage where their habit was going
21 up from one to three caps a day. This meant in order
22 to support it they were going to have to indulge in
23 some criminal activity. And they came in to see if
24 something could be done and both of them still had jobs
25 and were still employable. These are the people we
26 were trying to reach because obviously it's easier to
27 treat people before they lose their job or when they
28 are involved in criminal activity.

29 Perhaps I should tell you -- I wrote
30 down here the costs of heroin in this city.' A cap of

1 heroin at the present moment is retailing, so to speak,
2 at \$25 a cap. Most of the patients who are severely
3 addicted are taking anything from 5 to 8 a day. But
4 these people often get sort of a bulk purchase dis-
5 count. They^{can} buy it in Vancouver for between approxi-
6 mately between 7 and 15^{dollars}. Many of these
7 people go to Vancouver for
the day and pick up a supply.

8 MR. STEIN: Is this increase, two
9 questions about it, are they people locally who were
10 here and using heroin or are the people coming from
11 out of the province, and secondly, what could you
12 tell us about them in terms of these three categories

13 you have just indicated, in other words, what
14 age group are the 60 in?

15 DR. CRAIG: They spend usually from
16 about -- I think the youngest person that has been in
17 has been about 18 and the oldest person about 45. The
18 older addicts were seen in the skid-row area as burnt
19 out addicts who switch to alcohol. These are people
20 who have been jailed frequently in the past^{and} have
21 been sort of habituated to everything from alcohol
22 to hard drugs over the past -- over probably 20 or 30
23 years. We see a few of those people but we aren't
24 treating them any longer for heroin addiction, we are
25 usually treating them for either tuinol or alcohol
26 addiction.

27 MR. STEIN: Which group -- could you
28 indicate what the group breakdown is of those 60 in
29 terms of those categories?

30 DR. CRAIG: Unfortunately I didn't

1 have enough time to do this.

2 MR. STEIN: Do you have any sense of
3 it?

4 DR. CRAIG: I would say that originally
5 where I first spoke last April or May or whatever it
6 was the majority, about 90% were of the hard-core
7 criminal type, you know, people who had been in and
8 out of penitentiary for most of their lives and have
9 been involved in crime. Now the pitch is switching
10 particularly with the advent of Trust in the city. We
11 are seeing our young people in the, sort of, 18 to 25
12 year old bracket who are not really hard-core users
13 but whose habit has drifted from taking it once
14 a weekend or twice a weekend, they are taking it once
15 a day and gradually building up from there.

16 MR. STEIN: The other questions I
17 asked, do you have any impression as to whether these
18 are local people from the community or are they people
19 coming from Vancouver, for example?

20 DR. CRAIG: There are two types. The
21 majority are local but we are seeing an interesting
22 phenomena in that people are coming in from Vancouver
23 saying they don't like it in Vancouver because of the
24 easy accessibility to drugs makes it very difficult
25 for them to get off and back here in Edmonton the
26 situation is much more tightly controlled and that they
27 are coming in here hoping to escape the pressures that
28 they get from being amongst their own peer group in
29 Vancouver.

30 MR. CAMPBELL: Could you tell us some-

1 thing about the drug history of these younger addicts?

2 DR. CRAIG: The young ones, the students
3 or people in jobs and this sort of thing, most of them
4 say it happened quite by accident, somebody gave them
5 some heroin quite casually to try and they just said
6 that it was pleasant and it was more fun than using MDA
7 or any of the other drugs.

8 MR. CAMPBELL: Have most of them had
9 an experience with needles prior to heroin?

10 DR. CRAIG: I would say yes.

11 MR. CAMPBELL: Using
12 what drugs, mainly?

13 DR. CRAIG: Probably MDA.

14 MR. CAMPBELL: And their first use of
15 heroin is probably intravenous?

16 DR. CRAIG: Probably intravenously.

17 MR. CAMPBELL: What sort of knowledge
18 do you think they had/^{about it}when they used heroin?

19 DR. CRAIG: I think the usual complaint
20 is when they started they heard it all about marijauna,
21 they had heard about all of these other drugs, they
22 were extremely dangerous and addicting and when some
23 people start telling you about heroin they just think
24 it's another old wives' tale and it wasn't until three
25 or four months later that it really hit them.

26 MR. CAMPBELL: Do you have any sense
27 of the personalities of these heroin users?

28 DR. CRAIG: Not really. It seems to
29 be a complete cross-section of society. Some of them
30 are extremely conscientious. I have got one or two

1 who, in fact, have been able to support their habit
2 quite legally, you know, through their own efforts at
3 work and these people are relatively stable. The only
4 thing is there is a tremendous sense of relief if they
5 ever get off the heroin, or even if we switch them
6 onto methadone. Some of them we have had on long-term
7 methadone were not too happy about this, but certainly
8 the short-term use of methadone with some of these
9 people has been dramatically successful.

10 MR. CAMPBELL: I would like to come
11 back to methadone in a moment. Are these heroin users
12 still poli-drug users?

13 DR. CRAIG: I think if the circumstances
14 were right they would be, although most of them prefer
15 heroin if they could get it. Once they are on the
16 heroin there is no real substitute for the heroin.

17 MR. CAMPBELL: If they can't get
18 heroin what would the drug be that they would get?

19 DR. CRAIG: A lot of them come up
20 with using such drugs as LSD and MDA.

21 MR. CAMPBELL: You mentioned in this
22 other population the use of tuinol. Is this done
23 intraveously?

24 DR. CRAIG: Most of them are taking it
25 orally.

26 MR. CAMPBELL: Have you seen a lot of
27 intravenous barbituates?

28 DR. CRAIG: Not really. In fact there
29 is a rather tight control of barbituates in this
30 city.

1 MR. CAMPBELL: With methadone what do
2 you feel should be the object of the treatment?

3 DR. CRAIG: As far as I'm concerned
4 the object of this kind of treatment is to keep people
5 functioning within society and on conventional terms.
6 In other words, if somebody cannot do their job or
7 cannot keep a relationship with his family without
8 using some drug, then if you have to choose a drug it
9 is better for him to go on methadone.

10 MR. CAMPBELL: So principally you
11 would have no objection to more or less indefinite
12 methadone maintenance?

13 DR. CRAIG: I think there are lots
14 of things that can be done to control methadone long-
15 term maintenance. The big objection I have is that it
16 is extremely
/arduous on people in the treatment field. You are
17 continually getting phoned up, you restrict people and
18 they tend to abuse it a bit and they then phone
19 up and say, "I am going down to Calgary to see my
20 relatives and can I have a two day supply?" And we
21 continue to get pressure from these people and I think
22 this type of treatment is, sort of, personal and it
23 is a damn nuisance.

24 MR. STEIN: Would you prefer to see
25 the provision of methadone in a clinical kind of
26 setting in the city rather than -- I gather you are
27 still as a private doctor?

28 DR. CRAIG: That is right.

29 MR. STEIN: --- handling this, and
30 I wonder what your feelings are now a year later about

1 the desirability of perhaps another method of dis-
2 tributing this?

3 DR. CRAIG: The big problem is once
4 you have a clinic you have got to have pretty stringent
5 rules and regulations and you are still dealing basic-
6 ally with individuals and most of the treatment is
7 tailored to the individual. I give you an example of
8 the sort of thing that happens in an institutional
9 setting. There is for instance an alcoholism treatment
10 center in the city and one of the criteria for being
11 admitted is that you have to have a medical and the
12 patient went down there, went to get a medical and
13 he couldn't provide a specimen of urine so they weren't
14 going to take him. And so he went outside and got
15 one of his friends to provide a specimen of urine and
16 this fulfills the, sort of, established pattern when
17 he gets in. The same thing happened in Vancouver,
18 that there they have, sort of, a regulation; you've
19 got to demonstrate high dosage of heroin. And on
20 methadone what the addicts are doing is they take the
21 heroin at approximately 3:00 or 4:00 in the morning
22 and go at 8:00 in the morning and get a high level of
23 heroin and they say people say, "You must be very
24 heavily addicted to heroin." In other words, these
25 people are outsmarting the ---

26 MR. STEIN: On that point what is your
27 own view about the use of methadone, number one, for
28 the group that you called the casual users or the --
29 let me try the question this way: What is your
30 approach to assessing the appropriateness of methadon

1 maintenance for an individual who comes to you and asks
2 for methadone? What do you do? Do you run a urine
3 analysis or do you get a verbal statement?

4 DR. CRAIG: One of the things of run-
5 ning a urine analysis is that you really want the analy-
6 sis there and then. I think a public analyst in the
7 city will do it for \$25 and what she has said, and I
8 checked before I came down here at the University
9 Hospital, and they said they can't cope with the number
10 involved.

11 MR. STEIN: What is your personal way
12 of dealing with this when someone approaches you?

13 DR. CRAIG: Once you are treating a
14 large group of addicts you have access to a lot of
15 confidential information and it's rather easy through
16 various sources to check up on whether these people
17 are genuinely addicted or not. Sometimes they made
18 mistakes and the general impression I have is that we
19 treat these people in good faith and then check up
20 later to find out whether they are using the drugs or
21 not. We've got various techniques and we've been trying
22 to get a methadone tablet, for example, which is trace-
23 able. We do this to a limited extent at the present
24 moment by staining the tablet. And, you know, I asked
25 casually, some of the people I know who flourished down
26 on the skid-row area, "had they seen any coloured metha-
27 done tablets and if they have, what colour are they?"
28 And this gives an idea whether they come from my
29 patients or whether they come in from outside and
30 the number of patients of mine who have been abusing
less than
them have probably been/5% and this is only a general

1 impression.

2 We get information that the people
3 who are giving methadone or are selling methadone to
4 other people who want the methadone to come off heroin,
5 and this may well be because there isn't a ready access
6 to methadone in the first place.

7 MR. STEIN: Do you have any views
8 about dosage level to be given to people asking for
9 methadone?

10 DR. CRAIG: To start off, to get back
11 to your original question, most of them tried to get
12 off using the drug valium if we can. If it is obvious
13 that we are not going to be able to succeed ⁱⁿ / other words
14 they will have severe withdrawals from heroin if they
15 are up to 1 or 2 or 3 caps. For a day if they are
16 comfortable on the methadone we will gradually withdraw
17 them over a 9 or 10 day period. With the majority of
18 people this is what we do. I think there are only 20
19 or 30% that are on long-term treatment. These are
20 people with long jail records, the people who have
21 not been able to function. Periodically we get demands
22 from the police that say cut everything off. These
23 people must take one a day basis. One case we had,
24 we wrote this up for the Senate Committee on Poverty,
25 the social service people would not go along with the
26 city so the person could get his methadone on any
27 basis. And in desperation after two months we had
28 to say, "Okay, fine." We had to give him large amounts
29 so he could go back on the old basis.

30 DR. LEHMANN: Would you be in favour

1 of having it given daily under supervised conditions
2 if this technically could be arranged?

3 DR. CRAIG: I think that it can be
4 done in a number of senses and I think that you cannot
5 do this on a 9 to 5 basis. This has to be a 7 day a
6 week operation and again, you have to have some sort of
7 rapport between the patient and the staff. As there
8 is no use dishing out the stuff because it becomes a
9 battle.

10 DR. LEHMANN: Why is it no use? Suppos-
11 somebody on maintenance methadone treatment is being
12 maintained on 100 milligrams a day. Why would there
13 have to be a special relationship between the one who
14 gives it and ---

15 DR. CRAIG: For example, we have one
16 patient who was referred to us who was on 70 milligrams
17 a day over an extended period. He came in the other
18 day and I think he was picking it up every two days
19 and we gradually increased his dosage because there
20 had been a death in the family. This is common that
21 most of these people have a psychiatric problem and
22 any type of stress will upset their balance. There-
23 fore to say, to constrict it that they must be on 10
24 a day, this is fine if they are seen -- we probably
25 see them twice a month on the average just to check
26 on. Because we are constantly trying to get them to
27 cut down.

28 DR. LEHMANN: That is another thing,
29 once or twice a month, or under stress conditions
30 they would see their doctor. But if there would be a

1 larger number that could be routinized, suppose there
2 are six centers in a city like Edmonton where they
3 can be given it once a day under supervised conditions
4 and also perhaps there could be some sort of arrange-
5 ment with a card that was registered every day so that
6 if they go to Calgary they can check in there in the
7 center. Would you be in favour of this sort of thing?

8 DR. CRAIG: I would be in favour of
9 this particularly. We have something, not^{of} organized
10 fashion, but the drugstores are giving out metha-

11 done on daily basis to the patients and supervising
12 the actual giving of it. They break up the pills so
13 there is less tendency for the patient to walk out
14 and sell them. They do this as a service to us

15 MR. CAMPBELL: Do you have many people
16 on intravenous methadone?

17 DR. CRAIG: We have not used intra-
18 venous methadone at all.

19 MR. CAMPBELL: Have you experienced
20 difficulty weaning them away from the needle? Has
21 this been a problem at all?

22 DR. CRAIG: I'm afraid I take a bit
23 of a pragmatic attitude because I know that some of
24 the people even though ostentatiously they are taking
25 it orally are, in fact, shooting it and this is one
26 of the risks of this. But the tendency seems to be
27 for them after a bit to go on it orally. It may take
28 two or three months before they start doing this
29 but there seems to be, after they have the security
30 that they are going to get methadone on a long-term

1 period, they do desist from shooting and take it orally
2 as prescribed.

3 MR. CAMPBELL: Clinics in the United
4 that
5 Kingdom insist / an addict seeking maintenance drugs
6 go in a hospital for a period of about 3 days in which
7 they feel that they can establish a level and insist
8 on a daily short-term re-hospitalization before starting
9 the dosage of methadone maintenance. Do you have
any feelings about that?

10 DR. CRAIG: I think this would be
11 ideal. It could be done. The only problem of putting
12 anybody into hospital is that you are adjusting him
13 in an artificial environment and maybe his dosage has
14 to be sort of adjusted, a lot of tests should be done
15 with the idea of keeping him at work, particularly if
16 he has gotten a job.

17 MR. STEIN: You mentioned at the very
18 beginning of your remarks something about your concern
19 regarding drug use in prisons. I wonder if you would
20 come back to that?

21 DR. CRAIG: One of the problems that
22 we are finding now is that several of our addicts
23 start off using heroin in jail and I have asked many
24 of the addicts the same sort of question, if he were
25 caught now in possession of heroin and had to be sent
26 to a penitentiary which one would you choose, if you
27 wanted the treatment. And it appears, for example,
28 that the federal penitentiary such as Stoney Mountain
29 is preferable to a federal penitentiary such as
30 (Masqua). One of the reasons is the closer you get

1 to the scene the more drugs seem to be available. And
2 one of the other problems of this is the failure at
3 the present moment of the present day parole system
4 because this is responsible for a lot of drugs being
5 taken back. We have this, for instance, in ^{Fort}/Saskatchewan
6 and Belmont at the moment.

7 MR. STEIN: What is your view then?
8 You feel that parole is not a desirable thing, because
9 on the other hand, it is getting people out of an
10 artificial institution^{al}/setting.

11 DR. CRAIG: I wonder, again, on the
12 wisdom of that; putting people in jail to be in this
13 situation. I think this would reinforce some of your
14 arguments that you said possession should be promptly
15 dealt with with a fine, because the chances of these
16 people getting into any drug culture at the really
17 criminal level increases once they are put in peniten-
18 tiary. (Masqua) seems to me a rather select club
19 where information is exchanged on where you could get
20 medical treatment, drugs, this type of thing. It does
21 not make sense to me to put people in that. If you
22 isolate them, society demands some kind of
23 punishment. Perhaps they should not be put altogether
24 in one place.

25 MR. STEIN: Following that observation
26 could you tell us what your views are on the use of
27 compulsory treatment be it institutional, a cor-
28 rectional sense, or medical sense for drug users?

29 DR. CRAIG: I would like to widen this
30 and couple the two together with alcohol, because this

1 is something I feel very strongly about.

2 First of all, I think that one of the
3 things that has not been tried that, perhaps for lack of
4 better words, you could call "medical probation". One
5 of the problems we have with alcoholics at the present
6 moment is that we have no way of compulsory medical
7 treatment. Many people, I would like to see the jail
8 sentence being hung over them for the simple reason that
9 if they got out of control I could phone up and say, "Put
10 them in jail and let them dry out again, and let him out
11 as soon as he is dried out again, then we will continue
12 to supervise his treatment." I think the same thing can
13 probably be done with some of these hardcore addicts.

14 We have one example at the present
15 moment of a man who used to be a heroin addict, who was
16 sort of a chronic petty shop-lifter, who beat a charge
17 of the Supreme Court of Canada. In desperation, pretty
18 well, we put him on 3 tuinolols a day and he used to go
19 daily to the drugstore and get it and he said as long
20 as he did this and stayed out of the city on an
21 arrangement to go to one of the provincial govern-
22 ments, a village for a destitute man, we continued
23 on 3 tuinolols a day and this worked fine until one
24 day he got drunk and the next thing was that the
25 people out there said, "We are not going to have him
26 here any longer." They shipped him back to the city
27 He was brought into an emergency department in one
28 of the city hospitals and the intern on duty said
29 "There is no reason why he can't have his tuinolols"
30 so he gave him all the rest of his tuinolols despite

1 what was indicated by the terms of his probabtion and
2 he came back to me two days later being re-admitted
3 with an overdose of tuinolols. His progress in the
4 city over the last five months has been pretty good
5 until / about a month and a half^{ago}/when he walked into one
6 of the big stores and immediately was recognized by
7 the shop's detectives who followed him around, and
8 instead of asking him to leave, because they realized
9 that he was intoxicated, they waited until he picked
10 something up and then they had him arrested. And then
11 we went through the whole performance having him in
12 Court, getting him legal aid, sending him up for
13 probation and mental hospital, three weeks assessment,
14 and now he's back on the street, back on his 3 tuinolols
15 a day.

16 The point that I wish to make is that
17 I'm not sure whether the big store itself was not
18 criminally liable for not picking him up at that
19 time. Because what happened was that he was fine
20 on his 3 tuinolols a day until he met/ ^{someone who had} a surplus on the
21 street and he had gotten 3 more and in some intoxicat-
22 ed state he got out on his own old pattern, again.

23 We do not have the staff to deal
24 with this type of problem and because of this we go
25 through a very expensive ritual of taking them to
26 Court, getting probabtion service, getting psychiatric
27 service all because he picked up, I think, a \$3 item.

28 My own feeling is that all these big
29 stores in their various ways protect themselves
30 against boosting at this time, whether they are in

1 fact liable and they should have asked him to leave
2 the store, whether they could have taken him to the
3 hospital at that stage when they knew something was
4 wrong rather than go through the legal process.

5 MR. STEIN: This is a digression, a
6 very slight one, but did you mention a village for
7 destitute men?

8 DR. CRAIG: These are villages which
9 have been set up to help people who are chronically
10 unemployable. The one at Gunn originally started out
11 by just taking people who are considered unfit for
12 anything else and then they started mixing mental
13 patients with the other older people and this is very
14 much resented.

15 MR. STEIN: These are isolated comm-
16 unities?

17 DR. CRAIG: Youngstown is about 250
18 miles away from Edmonton. Gunn is about 90 miles
19 away.

20 MR. STEIN: People who would use
21 alcohol would ordinarily go there?

22 DR. CRAIG: These are people who are
23 permanently inhabiting skid-row.

24 MR. STEIN: Is this a voluntary sort
25 of situation?

26 DR. CRAIG: No. Well, it's just
27 suggested to them that they might kind of like it out
28 there.

29 MR. STEIN: What goes on there?

30 DR. CRAIG: Theoretically, in a way,

1 many of them like it. To give you an example, when I
2 first went to Gunn two or three years ago things were
3 different for a number of reasons. There was a lot of
4 employment wanted in the fields and farmers were using
5 all these people as casual labour. Secondly, they
6 were able to go around picking up bottles before they
7 had the disposable bottles. Since the disposable
8 bottles a lot of these people are unable to supplement
9 a living allowance to get pocket money to buy ciga-
10 rettes.

11 MR. STEIN: Are they not on welfare?

12 DR. CRAIG: They were on welfare but
13 they were not getting any extra money, pocket money
14 that they could get through casual means. This was
15 then available.

16 MR. CAMPBELL: With the people on
17 methadone do you have any feeling about the extent
18 to which they stay with methadone exclusively, or the
19 number of them taking methadone and supplementing this
20 with street heroin?

21 DR. CRAIG: I have the feeling that
22 once they are established on a methadone type of
23 treatment they can rely on this and they build up a
24 reasonable sort of rapport, that they stick pretty
25 well to methadone because they do have jobs and they
26 are employed and they have got a lot to gain from
27 this. And for the first time in their lives they do
28 have a ^{stable} supply, they are not dependent on street
29 sources.

30 One of the problems in the city, how-

1 ever, is that people on long-term methadone are known
2 in criminal circles. The minute that any supply of
3 heroin hits the city immediately the traffickers phone
4 them up and try to solicit whether they want some
5 heroin. Several said they have no objection if the
6 police tap our phones because we are fed up with it.
7 They are trying to cut themselves away from the criminal
8 element, because once they are in jobs and doing well
9 they don't want to be associated with the criminal
10 element. They don't need it anymore.

11 MR. CAMPBELL: I think the English
12 experience has been that without ^{a routine} /spot urine analysis
13 there
/is a risk encountered.

14 DR. CRAIG: I think the problems in
15 England and in /Vancouver are much worse then we encounter in Edmonton.
16 In Edmonton there is a good chance if some action is
17 taken now, there is this chronic despair and destitu-
18 tion of skid-row, this could be eradicated in a city
19 like Edmonton if action is taken now. If we wait 'til
20 the population is 1,000,000, I think we would have it.

21 MR. CAMPBELL: What sort of action
22 do you see as appropriate to stop the spread of heroin?

23 DR. CRAIG: To start off with I feel
24 that if people who are in trouble over heroin had
25 access to treatment facilities early on that they are
26 encouraged to use it, this is more desirable then for
27 them to go on, you know, having to shop-lift, prosti-
28 tute and everything else in order to make these fantas-
29 tic sums of money they need in order to support their
30 habit. I am not convinced that the majority of these

1 people want to stay on heroin. There are some very
2 happy to stay on heroin and these people probably have
3 character disorders which may not be possible under
4 present terms to treat adequately, anyhow. I think
5 we've got to allow for these people. The same with
6 the skid-row alcoholics, many of the problems that
7 arise from skid-row in this city are not directly the
8 fault of the alcoholics themselves but due to factors
9 like the employment possibilities up north and the
10 fact -- for example, we have many of these people on
11 sleeping pills. One of the reasons we have them on
12 sleeping pills is if they are referred to the hostel
13 they have to go to sleep at 10:00 and
14 there are no recreational facilities. They get thrown
15 out at 8:00 o'clock in the morning and they've got to
16 stay out until 2:00 o'clock in the afternoon. Now this
17 is a tremendous real sham because most of the casual
18 jobs in the city here are controlled through private
19 agencies and it is like the old line-up at the docks,
20 or the old type of thing at the labour union 30 or 40
21 years ago where we have the line-ups and you, you, you
22 gets selected and you go out and do a job.

23 Society eventually has to accept
24 the fact we are going to have an awfully lot more
25 people relatively unemployed because there are just
26 no jobs because of automation. But obviously, the
27 people who should be unemployed and perhaps given a
28 reasonable type of life so that people with arthritis,
29 people who have been burnt out for various reasons,
30 people who don't have much education, people who have

1 got things physically wrong with them but there are no
2 allowances made for people at the present moment, they
3 must go out and get a job and must be pushed to get a
4 job and Manpower, as far as I'm concerned, in the city
5 is a disaster. This is the Federal Manpower.

6 MR. CAMPBELL: I would just repeat one
7 question and I want to make absolutely sure I've got
8 it right. You said that most of the younger addicts
9 when they first used heroin that the experience was a
10 casual, spontaneous one and that their information
11 about the addictive capacity of heroin was incorrect.

12 DR. CRAIG: That is right.

13 MR. CAMPBELL: That they felt this was
14 myth, in a sense.

15 DR. CRAIG: They thought the establish-
16 ment was saying heroin was dangerous the same as they
17 said marijauna was dangerous. I think this is their
18 line of thinking.

19 THE CHAIRMAN: Any other questions or
20 comments for Dr. Craig?

21 THE PUBLIC: May I ask Dr. Craig to
22 say something about the effectiveness of the treatment
23 of the heroin addict especially in the younger group
24 he mentioned, 16 to 22.

25 DR. CRAIG: We feel again -- it's very
26 difficult because we are running a front-line clinic
27 to keep statistics and I am very hesitant to claim
28 that we are getting good results. But our own feeling
29 is the younger we get them, particularly if they come
30 to an organization like Trust or one of these types of

1 facilities that the chances are extremely good
2 getting them off the heroin. The only thing I think
3 that must be realized is that there is always a temp-
4 tation that they will go back on the heroin and what
5 we are finding is we get somebody off heroin and maybe
6 six months later they will come in and say they were
7 back on heroin and let's try some valium to try to
8 get off it. Or else let's go on methadone for another
9 few days. And in this context perhaps I should mention
10 to the Commission that one of the big problems we have
11 got at the moment is the fact that we see many of
12 these people who are up on possession charges
13 whose appearance before the Court may not occur for
14 several months and during this period they are under
15 tremendous stress and many of these people we have
16 to take off heroin and we put them onto methadone and
17 we've got them off of methadone and then they've come
18 and said, "We're going back onto heroin again". And
19 then they go back to methadone and we put them
20 methadone for three or four days and then they'll be
21 all right, and there will be a climax before the
22 Court appearance and they will be reminded again.

23 These constant demands are really
24 a very frustrating and very frightening experience
25 for some of these people. Most of them are extremely
26 paranoid anyway, when they first arrive at treatment.
27 This is one of the difficulties of treating these
28 people.

29 THE CHAIRMAN: Thank you. Any other
30 questions?

1 Thank you very much, Dr. Craig.

2 I call now on Mr. Allan Stein.

3 MR. STEIN: Thank you very much, Mr.
4 Chairman. I am going to be quite brief and I am
5 speaking off the cuff so to speak. I want to give you
6 some personal observations which I hope will be useful
7 to you. They are really based on, I guess, from three
8 perspectives; the first of these is from being a full-
9 time member of a Commission not unlike your own which
10 I think, therefore, makes me aware of some of the frus-
11 trations and inadequacies of the Commission of Inquiry
12 into studying a particular subject.

13 The second is from the perspective of
14 a person who is ostensibly working with students and
15 talking to students and speaking at high schools; and
16 the third from a more personal and ^{immediate} perspective, as
17 a person who has been arrested and charged under the
18 Narcotics Control Act and who is at present fighting
19 a Court case which, perhaps, gives me the most accu-
20 rate subjective way of looking at the problem.

21 With regard to the first perspective,
22 that of being on a Commission, I guess it has probably
23 been brought to your attention a number of times that
24 the efficacy of such a structure to really look into a
25 problem is really in doubt. Even the old paradox that
26 if you recommend something that isn't indeed very pro-
27 gressive it will be shelved and if you don't recommend
28 something progressive they will implement it, but so
29 what. I myself am on a Commission that deals with
30 education which many people maintain is far more addic-

1 tive and debilitating than the use of drugs, a state-
2 ment/^{with}which I think ^{you}/ would concur with. I think it
3 was Timothy Leary who said he would prefer to have his
4 7 year old hooked on heroin rather than attending
5 public school and I think my sentiments go pretty
6 close to that.

7 With regard to the second perspective
8 I found an awful lot of difficulty observing high
9 school students in particular and post-secondary
10 students, I suppose too, functioning with the people
11 who are supposed to be helping them such as high
12 school guidance counsellors and the like; in fact last
13 year as part of the work I was doing with our Commiss-
14 ion I toured some 45 high schools.

15 MR. STEIN: Excuse me, is this a
16 Provincial Commission?

17 MR. STEIN: Yes, it is under the Public
18 Inquiries Act of the Alberta Government. Popularly
19 known as the Worth Commission and unpopularly known as
20 the worthless commission.

21 I toured some 45 high schools and
22 talked to a lot of guidance counsellors who told me
23 their number one problem was drugs and it didn't matter
24 whether it was urban or rural, it seemed to be a
25 pretty standard form of thing and 90% of the students
26 who referred to them as opposed to those who went
27 ^{voluntarily}there/for vocational guidance were referred because
28 of their drug use. And I sat in on enough sessions
29 to see most guidance counsellors, the vast majority,
30 saying as the first question, "Well sit down, Johnnie

1 and why do you use drugs?" Which immediately set
2 up kind of a barrier which I think is impossible under
3 any circumstances that followed. I am not really going
4 to comment further on that other than to observe that
5 that exists from my own experience anyway.

6 With respect to my third perspective,
7 that of being an accused or accused with an offense,
8 the offense in this particular case being the cultiva-
9 tion of a narcotic which I am innocent, but I'm not
10 going to give you my Court "Show & Tell" case now. I
11 think I would like to tell you a little bit about my
12 personal observations of what it's like to be busted
13 and some of the things that comes out of it and I don't
14 know whether you perceived this kind of thing before,
15 but people have been kind of amazed.

16 To begin with there were 7 people
17 residing at ^{our} house and the raid was conducted by 18
18 policemen. They were really quite a crew. If they
19 had machine guns it would have looked like a raid on
20 the Black Panther Party. They burst in the front door,
21 refused to identify themselves. In that they were in
22 plain clothes I feared^{the worst,} that they were a vigilanty
23 committee from the nearby village. I live on a small
24 farm. Six more of them burst in the back door and
25 proceeded to search and immediately one of them blurted
26 out "R.C.M.P. Drug Squad, "everybody stay
27 where you are". And I attempted to exercise my rights
28 as I understood them under the Criminal Code of Canada
29 and asked them at that time to first identify themselves
30 and secondly produce either a Search Warrant or a Writ

1 of Assistance which they refused to do despite 7 requests
2 to do so throughout the course of the evening which
3 lasted for quite a long time. They then proceeded to
4 physically assault people, restrain people unlawfully
5 as I understand it in a particular area, conduct a very
6 vicious search and in this respect I may say that it
7 was perfectly obvious to me and to other people who
8 lived in the house and, indeed, I could provide you
9 photographs to indicate that this was true; that it
10 would seem that they were more bent on doing malicious
11 damage than in actually finding anything. To give you
12 one specific example from my own bedroom, they
13 removed every article of clothing from the closet and
14 placed it on the floor, then took a wastepaper basket
15 into which a lot of ashtrays had been dumped and care-
16 fully sprinkled the ashes over each article of clothing
17 in such a way that every article of clothing had to be
18 either washed or dry cleaned. They literally tore the
19 place apart occasioning a lot of damage to the house,
20 most of which they refused to pay for.

21 I might mention in this regard in anti-
22 cipation of your question that, indeed, right now in
23 progress we have a civil suit against the R.C.M.P. I
24 am led to understand that most of these suits haven't
25 been too successful in that it would appear that the
26 Court and police -- not would appear -- I mean it is
27 objective reality that the police really serve as
28 agents of repression for the ruling class which is a
29 logical bias showing through and they really act in
30 connection with one another. Clearly when I see the

1 Crown Prosecutor and the P.C.M.P. Sergeant who conducted
2 -- who headed up the raid sitting at the same
3 conferring with one another all the time I find it
4 difficult to believe that the Court could judge fav
5 ourably my way despite the fact that I believe
6 ly that even under the present inadequate laws I wa
7 certainly justified in carrying out this suit and
8 should be entitled to at least a victory, if no
9 settlement; although I'm not out for money

10 Just a few personal views
11 scene as it relates to our society now I think
12 of it's difficulties is, it has been elevated
13 has actually gone to second place behind police
14 and it has been elevated as that thing is our
15 which has been a pressing social issue. I think
16 this kind of hysteria on the part of the media
17 the part of the general public has really served to
18 obviate the real social problems which
19 society. One might almost expect that it was
20 a plot and people justifying themselves
21 little else relevant than that
22 basic economic sociological political structure
23 govern our country. I think that
24 in part, contributed to this sort of
25 ingly.

26
27 the power which I believe you have,
28 are receiving now a lot
29 given that it seems very likely, and
30 in jail seems to do no good except to

1 dedicated revolutionaries which is perhaps in itself
2 good, but it's not doing much to their personal growth.
3 I think I would be inclined to recommend a morator-
4 ium however inefficient and difficult a burden it
5 might prove on our judicial system, to recommend a
6 moratorium on all drug convictions at this time until
7 such time as your final conclusions were arrived at.
8 And until such time the government translated your
9 recommendations into some sort of legislation, or
10 rejected having done so.

11 Just a word about the way I see our
12 drug laws being enforced right now. In Alberta, I
13 suspect the trend is the same across Canada, we have
14 seen a trend towards a greater amount of leniency
15 with respect to people convicted of simple possession,
16 particularly of cannabis drugs. On the other hand,
17 in Alberta particularly we have seen a much greater
18 harshness in terms of dealing with people who push
19 drugs, traffickers. I think that this is a judicial
20 -- a legal blunder because I think -- I hope it has
21 been brought to your attention before that really
22 there are pushers, and there are pushers, and there
23 are pushers and I think there is one kind is where
24 the person may pass a joint to his friend at a party
25 which under the letter of the law constitutes traff-
26 icking in drugs.

27 There is, I guess, and I haven't come
28 in contact with too many of these but I assume there
29 are those parasitic types who in fact try to lead
30 people onto drugs for personal gain and without any

1 qualms about what the effect might be on the individual.
2 I'm sure there might even be a sizable number of them.
3 But from my own experience, being involved with stud-
4 ents and young people in general I find that the vast
5 majority of people who traffic as defined under the
6 law in drugs are simply people who happen to get into
7 a slightly larger quantity than is found in their
8 immediate culture and make their benefits available
9 to all. Sometimes at cost, sometimes at slight profit.
10 It hardly constitutes the justification of the Alberta
11 Supreme Court when it says it is traffickers
12 who are in fact seducing the young and innocent into
13 this life of perversion and sin and everything else
14 that the drug culture is supposed to do to people.

15 One other thing, and this is a very
16 personal statement, I think I would like to see on
17 your behalf a recommendation that all drugs be
18 legalized. Now let me explain that before you jump
19 on me. What I mean to say is that I think that no
20 drug use is sufficiently evil to warrant a person
21 being prosecuted under the Criminal Code of Canada.
22 I'm not for a moment denying the fact that there
23 are drugs that are harmful, that there may be some
24 effects of even simple drugs that we do not know
25 about and that is fine and I appreciate that fact
26 and I will not be paranoid and say that everybody
27 has lied to us, all the scientists have lied to us,
28 although that seems to be more often the case.

29 Therefore, I would like to see
30 perhaps many, or most, if not all, I don't know,

1 placed under other than legal restrictions. I suppose
2 depending on the individual circumstances and the
3 drug. I guess I would like to see all the cannabis
4 drugs placed under no restrictions because from my
5 own personal review of literature I did not find any
6 justification for placing them under any kind of
7 restrictions. Should such justification arise in the
8 future that could be dealt with.

9 I think you could ask me what kind of
10 things would you suggest as being the mechanisms and
11 I do not have all the answers. I'm confident that a
12 group of gentlemen like yourselves and what the
13 Government of Canada has working for them are surely
14 able to come up with some kind of techniques for
15 handling this sort of thing.

16 For example, the experience in the
17 United Kingdom of placing the opium and the opiate
18 derivatives under the control, essentially, of the
19 medical profession which is a kind of control, but not
20 a ^{legal} / control and the drug users were not subject to
21 legal sanctions.

22 Further to this, I think that essen-
23 tially we are now seeing an exercise in this kind of
24 phony store-front democracy in Canada because the
25 people who most commonly and most often and most
26 forcefully influence the course of legislation in
27 this country are most certainly not here today. The
28 persons who influence this country are not Royal
29 Commissions and are not Commissions of Inquiry or
30 young people like myself or even doctors or university

1 personnel. They are much more often those people who
2 represent the interests of the ruling class. I notice
3 that none of those lobbyists have, as far as I know,
4 come out and given any opinions to your Commission,
5 and I think this is because they know where the real
6 power is and how they can wield it. I certainly find
7 this true in my experience here when I worked as a
8 lobbyist for the Students of the Provincial Government
9 watching the big-league lobbyists. They don't have
10 to come to Commission hearings because they know where
11 it's at and they can deal with it. I think this is
12 really the crux of the problem.

13 The marijauna laws, I think, are being
14 abused. I think those people are in power and I don't
15 mean the elected politicians saw definite growth in
16 the anti-capitalist culture and I think now, that
17 particular power has seen that it
18 is probably profitable to exploit that youth culture
19 and certainly I would not be suprised to see in the
20 near future the American Tobacco Company or someone
21 like that selling marijauna and, you know -- marijauna
22 and hashish cigarettes, or something of that kind. I
23 would not be at all suprised because I think it is now
24 proven to be in their best interests to promote the
25 growth of a sub-culture which is essentially anarchis-
26 tic and which adheres to the motto of "Do your own
27 thing", which really if you look at ^{the} words, it really
28 sounds like laissez faire capitalism, and I think
29 it is in their best interest.

30 I think that is all I have to say.

1 Some personal ramblings on the subject.

2 THE CHAIRMAN: Thank you. Any questions
3 or observations or comments?

4 Dean Campbell?

5 MR. CAMPBELL: You said, Mr. Stein,
6 that you agreed with Timothy Leary's statement that
7 you would rather have your 7 year old child on heroin
8 than in school. I wonder if you would give us your
9 suppositions about the nature of heroin addiction lying
10 behind that statement?

11 MR. STEIN: From my understanding of
12 the nature of the heroin addiction I'm only agreeing,
13 I suppose, that in part it is a shock tactic, an
14 illustrative kind of thing. It would seem possible
15 that a person could maintain a normal, essentially
16 active life on maintenance of a steady dose of heroin
17 whereas the effects of the school system are really
18 much more subtle, and much more insidious in terms
19 of controlling your mind, in terms of eventually
20 taking control of your needs and aspirations and
21 receptions and growth. I could be wrong. Perhaps
22 heroin is more indidious in terms of effects on
23 the body and the mind. I have been led to understand
24 that there is a certain amount of validity in the
25 assertion that a person can maintain -- I believe it
26 was a previous speaker that said he was aware of
27 people who legally were able to make enough money
28 to maintain a steady dose and were apparently suff-
29 ering no adverse effects. I think that is what he
30 said. I hope I'm not misquoting him.

1 I have had some experience with heroin
2 addicts, both good and bad and I found that there was
3 some who did not seem to be on an ever increasing
4 dosage and were functioning normally, provided their
5 supply was kept up and it was good stuff.

6 I think that one is more defenseless
7 against the evils of the school system, I think the
8 school system really inculcates into your mind a great
9 many more kinds of insidious things than dope does.

10 THE CHAIRMAN: Such as?

11 MR. STEIN: What is some of the kinds
12 of things?

13 THE CHAIRMAN: What is your basic
14 criticism of the educational system? You have said
15 it is bad, but you have not shed much light on why.

16 MR. STEIN: Okay. Fine. I think that
17 one of my basic criticisms of the educational system
18 is that it serves the needs and the interests of the
19 dominant ruling class of our society. It does so in
20 very specific ways. For instance, the curriculum
21 serves to keep people and their views of the world
22 and their perceptions of many subjects within a
23 specific set of boundaries. I can give you an example
24 to make it more clear. When kids take Dick and Jane,
25 which is by far the best seller for primary reading
26 in Canada, they do not only learn to read but I think
27 more important the latent function that is imbued or
28 inculcated into their deep psyche or whatever is
29 a perception of what family roles, let us say, pre-
30 sents the father as the clean-cut middle class white

1 shirt and tie guy who goes to work every morning with
2 a briefcase, it presents the mother as sort of the
3 image of kind of cuddly, stupid domesticity, it pre-
4 sents kids as, you know, two, three, four, 2.4 kids,
5 Dick and Jane and Baby Sally, it is the same kind
6 of thing. It is a particular bias on the aspirations
7 and life-style which the ruling class would have us
8 believe. It is incredibly male chauvinism to begin
9 with to suggest that a woman in her ultra needs as
10 a human being and her abilities are met by cooking
11 and taking care of Baby Sally and throwing the occa-
12 sional ball out to the dogs and cats and stuff like
13 that. That is one example. I can give you more.

14 We have, for example, in the History curriculum
15 in Alberta in grade 9, "Canada and the Western World"
16 out and out racist against the Indians. I think the
17 effects are far more evil in terms of the way that
18 our society has developed than drugs are

19 We have the kind of structure that
20 school has set up which is really in many senses
21 a microcosm of the authoritarian structure which is
22 in this capital type of society. We have an authori-
23 tarian non-democratic structure that kids can be
24 passive and submissive -- I heard somebody talking
25 before, Miss Munroe, the Dean of Women, about student
26 apathy -- or the quotation was read -- in deeper
27 student apathy everywhere. I have talked to people
28 everywhere, on skid-row, and they say you can't fight
29 City Hall and they are darn right, you can't fight
30 City Hall. One of the reasons you can't fight City

1 Hall is because throughout the entire educational
2 process the whole process of being actively and demo-
3 cratically involved in those things which are meaning-
4 ful in your life was kept away from you in such a way
5 that by the time you reach a certain age you become
6 both unwilling and unable to make the kinds of parti-
7 cipatory decisions that are necessary. I think that
8 is very insidious.

9 I don't know if that is a very clear
10 example of why the school system is evil. I think at
11 a more microcosmic level it is evil because it indeed
12 serves the needs of materialism and capitalism. I
13 don't want to get into all of this jargon stuff
14 because I think that is probably not useful for this
15 discussion. But, for instance, we have a province
16 here, Alberta, in which the economy is largely con-
17 trolled and we have a derivative economy,

18 (inaudible) our economy is
19 largely out of the control of the hands of the
20 Albertans and hence the decisions on how this province
21 expands and how it grows and how we expand our popu-
22 lation and manpower, and everything, are essentially
23 completely responsive to the needs of these foreign
24 industries. And, in that this is the case, our
25 (hopeless) secondary system, particularly, acts as a
26 training ground and, albeit it is doing efficiently;
27 we are overtraining in some areas and undertraining
28 in others, but this is in fact serving corporate
29 needs. According to the National Research Council
30 of chemists, we have 20 Ph.D. graduate chemists out

1 of work. For every academic position in Canada
2 (inaudible) a Canadian graduate. And, God knows
3 we do need chemicsts. We do have an ecological crisis.
4 Certainly people who are well/equipped to help us deal
5 with the ecological crisis, but they are not a market-
6 able commodity on the human flesh market. And that
7 is what our schools are about. They might be socially
8 useful in an objective sense, but certainly not
9 socially useful in the sense that they can market
10 their skills and so sustain themselves. I think the
11 education system return is (ominous). There is really
12 decay and decadence in our society in general, in a
13 very large part.

14 So, getting back to my very first point,
15 the drug problem may in fact be a very gross obfuscation
16 of the problem. When I said Timothy Leary said he
17 would rather see his seven year old daughter on
18 ^{than} heroin/in public school, I think it is not meant as
19 a statement of fact, that he would in fact shoot her
20 up with heroin before sending her to public school, but
21 it is meant to be illustrative of this kind of obfus-
22 cation.

23 THE CHAIRMAN: If there was a change
24 in power of the type that you might contemplate or
25 desire, would you consider that the educational
26 system should be used to inclucate a different set
27 of attitudes?

28 MR. STEIN: Yes, definitely.

29 THE CHAIRMAN: So, you do not object
30 to the use of the educational system to inclucate

1 attitudes?

2 MR. STEIN: I'm not one that believes
3 that education does not exist in relationship to
4 society. I think the relationship to an educational
5 society is very important. Indeed, education is here
6 in a large part to serve society. We need well trained
7

8 (Page 93 follows)

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1 doctors. That is great. I think the question is
2 that these attitudes which/^{we}would be inculcating, the
3 attitudes of the general populace and they would be
4 truly democratically arrived at.

5 MR. STEIN: The attitudes of the
6 general populace; would you just describe them or as
7 you would like them to be, personally?

8 MR. STEIN: I'm saying the latter, I
9 guess, but what I am saying is that if our society
10 transforms itself into the kind of thing that I would
11 be more interested in, in looking upon favourably, if
12 it does that I think the process and transformation
13 would be accompanied by, or proceeded by an incredible
14 growth in the perceptions and the participatory /^{consciousness}
15 /or democratic consciousness
16 of the masses as a whole. And given that this is the
17 case I think we are in a much better position then
18 to talk in a democratic way about what our schools
19 ought to be doing. I'm sort of getting into theoretic-
20 cal stuff.

21 MR. STEIN: Let us pursue that a
22 moment because it reminds me of my couple of years
23 with the Company of Young Canadians where we were
24 always talking about values that people ought to have
25 and we were always concerned about systems that were
26 exploiting them. But it was a question in my mind
27 that I never settled very happily. To what extent
28 we collectively were interested in exploiting them
29 to our own ends in terms of what we felt were im-
30 proved value systems but were maybe not the ones that
they had, as the populace, come to believe in.

1 MR. STEIN: Okay, I think I agree
2 with you. I think that it is really true that we
3 could be just as wrong.

4 MR. STEIN: Exploited?

5 MR. STEIN: Okay, just/^{as}exploited in
6 fact.

7 MR. STEIN: Paternalistically?

8 MR. STEIN: I'm not disagreeing with
9 you. What I'm saying is that/^{if}the object is to have
10 a democratic society then I think one of the things
11 that we have to do is -- I see they are passing notes
12 -- this is a favourite thing we used to do in our
13 Commission too when we had someone who was either
14 boring us or amusing us and we used to pass notes
15 back and forth and used to say, "God, isn't this
16 guy crazy?"

17 MR. CAMPBELL: This isn't the purpose
18 of the note.

19 MR. STEIN: That's all right, I'm
20 not putting you down for it. I used to do it all the
21 time myself.
22 / I was on the hearing trail for 17 weeks and it got
23 me kind of stir crazy. Getting back to the question
24 I think the object is to actively oppose and counter
25 the effects of the school system and the effect
26 of the bourgeois media in ^{terms of trying} / to get an information
27 flow to people because I think this is based on,
28 really, maybe an irrational faith that people, if
29 they really can be presented with all the alterna-
30 tives and can have a kind of propaganda that is fed
to them now countered, that they can in fact derive

1 the good stuff. I am not really here to engage in
2 a long-winded theoretical argument about the merits
3 of capitalism versus communism or socialism or any-
4 thing like that. I don't think that was my purpose.
5 If you want to do that I will be happy to come to
6 your hotel room later and do it.

7 DR. LEHMANN: Do you take issue not
8 so much with the principal of repressive tactics in
9 society, because, if I understand you right, you would
10 think that any system might have to use repressive
11 tactics.

12 MR. STEIN: ^{Not} /repressive tactics in a
13 sense. I suppose all societies have to be somewhat
14 prescriptive of what are the norms of the social
15 order and things like that.

16 DR. LEHMANN: You take issue with the
17 fact that information is withheld or is funneled in
18 a particular way, ^{and} /therefore distorted?

19 MR. STEIN: I take issue with that
20 fact, yes.

21 DR. LEHMANN: In your society infor-
22 mation would be presented in a perfectly neutral way,
23 accessible to everyone, without distortion?

24 MR. STEIN: Presumably that would be
25 one of the things we would try to do. I think it is
26 really imprudent and stupid of me to talk about what
27 my idea of the post-revolutionary life-style is going
28 to be, because who am I to say? I am very serious
29 about the idea that in the process of transformation
30 I think the society will arrive at some of the conclu-

1 sions that it feels best for itself and ^{they} / may not be
2 mine but I'm prepared to abide by them if they are
3 democratic. And I don't think we live in a democratic
4 country now.

5 DR. LEHMANN: Just one more complete
6 question: When you were busted, did the police have
7 a Writ of Assistance?

8 MR. STEIN: Yes, they did, but they
9 refused to show it.

10 DR. LEHMANN: Why did they refuse to
11 identify themselves or to show it?

12 MR. STEIN: Well, I really have never
13 been able to analyze the minds of, sort of, the
14 subhuman Cretan dwarfs like that, but when I first
15 asked them an officer came up and picked me up by the
16 lapels and said, "Shut up, we will get to it later."
17 I asked about two minutes later and a cop came up
18 and picked me up by the lapels again and said, "I
19 don't think you realize the severity of this, now
20 shut up, don't resist." A number of times when we
21 asked other officers they said, "Talk to the Sergeant",
22 and when we talked to the Sargent he would say, "Shut
23 up." So, I mean ---

24 DR. LEHMANN: They never gave you any
25 reason why they would not identify themselves?

26 MR. STEIN: The only reason that was
27 ever given to me was some weeks later when I was
28 appearing in Court, by one of the cops who, it would
29 seem -- I mean a cop is a cop is a cop, but it would
30 seem he had such a change of heart because he had heard

1 via the grapevine that we were pursuing a civil action
2 against them and he said, "I want you to know that
3 your quarrel is not with me; I'm not a member of the
4 Drug Squad, I just happened to come along that night
5 because my roommate is a member of the Drug Squad."
6 And I said, "Well, you are perfectly aware you are
7 required to produce your Writ of Assistance." And he
8 said, "Well, all the time we spent producing it, you
9 might have been flushing stuff down the toilet." And
10 that was his response, and I don't know whether that
11 was the feeling of the group in general. It was a
12 particularly dehumanizing and degrading experience, and
13 I could talk for an hour just on what a couple of nights
14 in jail feel like. It certainly heightens the contra-
15 diction between me and they and me and them. I think
16 it doesn't do anyone any good. And just to re-emphasize
17 my point, if there is a drug problem, if drug people
18 have to be helped; drug offenders or whatever you want
19 to call them--drug users--have to be helped, then I
20 believe they really can't be helped. You can only do
21 them harm if you try to deal with them in a legalistic,
22 you know, repressive jail-like type of thing, and it
23 doesn't matter whether they are pushers or users, or
24 what kind of drugs they use.

25 Probably, if I can react to your Interim
26 Report, one of the worst things you did was to draw some
27 sort of vague demarcation line between cannabis drugs
28 and other drugs. It's been my experience among drug
29 users that people tend not to draw those lines. I see
30 that as kind of funny -- you know, the Alberta govern-
ment recently made a film about drugs and they did that

1 | kind of thing, They had a film/ⁱⁿwhich certainly, implicit-
2 | ly. there was a statement in favour of marijauna but
3 | against anything else. You know, "Smoking is okay but
4 | don't get strung out on the other stuff."

5 DR. LEHMANN: You would not agree there
6 is such a thing as hard drugs and soft drugs?

7 MR. STEIN: Certainly I agree, but I
8 don't think they should be dealt with differently.

9 THE CHAIRMAN: Thank you, Mr. Stein.

10 I call on Dr. Keith Yonge.

11 This is our last scheduled submission
12 this morning. At it's conclusion we will recess and
13 reconvene here at 2:00 p.m.

14 DR. YONGE: Mr. Chairman, members of
15 the Commission, I am afraid that what I have to say
16 and how I have to say it may come as a very dull anti-
17 climax to the preceeding speaker or perhaps act as a
18 downer. My comments will be brief. They are in re-
19 sponse to the invitation to offer some criticism of
20 the Interim Report. In general, I feel that the re-
21 port has great merit so that I am not in any way by
22 offering some criticisms aligning my self with the
23 more rabid critics of the report in general. I have
24 been impressed in reading the report with the candour,
25 the sincerity, the dedication with which the Commission
26 has obviously addressed itself to the task. Of course,
27 it has attempted the impossible valiantly, the im-
28 possible being - being thoroughly objective and fair.

29 To say that there are shortcomings in
30 it would be no news to the Commission. But there are

1 two major and fundamental defects in the Interim Report
2 to which I would like to draw attention. It is these
3 defects that seem to have given by implication a ser-
4 iously erroneous tenor to the report. The first has
5 to do with the understanding of the effects of drugs
6 on the human mind, specifically, the so-called "psyche-
7 delic" drugs, including cannabis. The illusinogenic/
8 hallucinogenic group of drugs which forms
9 spearhead of the non-medical use of drugs among youth,
10 the incomplete understanding, the failure to grasp
11 fully the peculiar significance of their effects, leads
12 the report rather to debunk their seriousness and the
13 importance of control.

14 The second defect has to do with the
15 understanding of the motivation behind the non-medical
16 use of drugs.

17 What I would consider the superficial
18 and one-sided grasp of the issue here puts the whole
19 problem somewhat out of perspective. This also de-
20 bunks its seriousness and, furthermore, creates a
21 misleading impression as to what measures of control
22 would be most appropriate.

23 With respect to the first of these
24 defects, the Commission has been hard put to sift out
25 the reliable information on the effects of the
26 various drugs. As the report says, it was "obliged to

27 rely heavily on the work of
28 experts who have themselves
29 sifted and critically evaluated
30 the available literature."

1 Turning to the medical profession, the
2 Commission had recourse to briefs from the Canadian
3 Medical Association and the Canadian Psychiatric
4 Association which did not address themselves adequately
5 to the fundamental question about the effects of these
6 particular drugs. Too constricted a view has been taken
7 of the known effects and their sequelae. Their special
8 importance has been obscured by shallow and specious
9 comparisons with other health problems, tobacco and
10 alcohol.

11 Certainly, the most reliable informa-
12 tion about the effect of any drug is derived from
13 scientific experimentation. And there is a dearth of
14 such information on the "psychedelic" drugs. More
15 relevant information about the effects comes from
16 clinical observation and this includes a subjective
17 report of the drug user. Here there is ample informa-
18 tion, and though it may not have the same reliability
19 of the scientific experiment, it should not be dis-
20 carded as entirely unreliable. Its peculiar value
21 lies in its relevance to the question about its poss-
22 ible harm. It is obvious, though seemingly overlooked,
23 that whether or not a drug causes permanent damage to
24 the structure of the brain or lasting changes in the
25 biochemistry of the brain is not the ultimate or most
26 relevant criterion of the drug's harmfulness. The
27 lasting changes in attitude or outlook following the
28 repeated use of the "psychedelic" drugs, as amply
29 evident by clinical observation, is a most
30 relevant criterion for judging the drug effects.

1 The Interim Report, echoing clichés from a few exponents
2 from medical science, decries the dearth of "reliable"
3 experimental data on the effects of drugs as if this
4 leaves us so ignorant as to be impotent to reach sound
5 decisions. What we need most in order to deal with
6 the current medico-social drug problem is not a great
7 deal more laboratory data or experimental evidence
8 but a better, clearer, more long-sighted, more compre-
9 hensively reasoned evaluation of the information, both
10 experimental and clinical, that we already have.

11 The drugs called "psychedelic", notably
12 LSD, but including the much milder cannabis, are re-
13 latively unique in their action in that their salient
14 property is to affect the sensory perception mechanisms of
15 the brain and producing illusions, or in greater po-
16 tency, hallucinations. The term "psychedelic" intro-
17 duced by Humphrey Osmond in the early 50's turns out
18 to be an unfortunate, misleading, misnomer. It implies
19 some progressive extension of the mind, as reveal-
20 ing more fully the deeper reaches of the mind of men-
21 tal experience. Subjectively, the effect of these
22 drugs is to heighten sensory awareness, but in an
23 illusory fashion. Sensory perception is distorted,
24 not truly enhanced. This might be of little importance
25 if it were merely a transitory experience without
26 sequelae. But mental consequences follow and persist
27 as learned experiences. And herein lies the essential
28 self-deceptiveness in the use of these particular drugs.

29 The "psychedelic" experience usually
30 leaves the subject with the impression of having

1 achieved new, fuller appreciation of the environment,
2 social as well as material, and a deeper insight about
3 the very meaning of life, with its ethical and even
4 spiritual or religious implications. But this impress-
5 ion is, by objective observation, essentially sterile.
6 The subjective impressions of enlightenment are found
7 to defy logical explanation, not that logical reasoning
8 alone is the ultimate judge of human experience. The
9 "psychedelic" experience may also hold the promise of
10 unusual creativity. The subject feels freshly creative.
11 But like the phenomenon of the mirage this usually
12 raises only false hopes of attainment. There is a
13 crucially important distinction to be made here bet-
14 ween the disinhibition of the primitive self-expressive
15 impulses on the one hand, and the productive release
16 of prelogical concepts on the other, the prelogical
17 concept being so important in creative art.

18 As judged objectively by what the
19 person actually produces under the influence, the
20 "psychedelic" drugs may achieve the first, that is the
21 subjective feeling or presentiment of creativity, rather
22 than the second. Again, the end result of the drug
23 effect is self-deception. But with this drug induced
24 feeling of self-aggrandizement it follows that the
25 subject believes that he has now advanced to a superior
26 position compared to the uninitiated whom he would see
27 as dull, unimaginative, unadventurous, unprogressive.
28 Hence the unwarranted impression of superiority by a
29 false sense of enlightenment.

30 The Interim Report recognizes this,

1 but all too weakly, in saying, "Sometimes one wonders
2 if what is being conveyed is not
3 a certain sense of exclusiveness,
4 a smugness of the initiated".

5 But then it goes on to lose the thread
6 in quite another context, even dismissing it by the
7 dubious phrase, "But we prefer to believe "--
8 something else.

9 The Interim Report seems to have failed
10 to recognize this insidious change in attitude which
11 commonly results from a person having undergone a
12 "psychedelic" experience. Perhaps the Commission, like
13 the drug users themselves, have been mislead into
14 concluding that these particular drugs are relatively
15 harmless, by the fact that the experience they induce
16 is usually gratifying or self-satisfying. But, as any
17 psychiatrist knows, a pleasant sense of well-being is
18 not necessarily a healthy state of mind. Some forms
19 of most serious mental illness, not related to drug
20 intoxication, are characterized by episodes of subjective
21 feelings of well-being, complacency, euphoria,
22 exhilaration, exaggerated sensory perception and even
23 a sense of omniscience, that feeling of having attained
24 a richer, deeper understanding and appreciation of
25 the meaning of life; but a sick state of mind none-the-
26 less, as judged by our standard medical criteria. If
27 psychiatry were to abandon its rational criteria for
28 thus judging mental disorder, as has been advocated
29 by some, R.D. Laing, for example, then schizophrenia
30 is to be deemed equal to sanity. When the human mind

1 intoxicated by illusinogenic/hallucinogenic drugs which
2 induce inaccuracy of sensory perception, inappropriate-
3 ness of mood and unrealistic reasoning, is deemed to
4 be enhanced, or expanded, or manifested which is the
5 literal meaning of the term "psychedelic", then we
6 acclaim for our society an upside-down, "Alice-in-
7 Wonderland", non-sensical state of mental chaos. The
8 special significance of this class of drugs and the
9 mental consequences of the "psychedelic" experience in
10 attitudinal change on the long-term seems to have
11 eluded the Commission to a large extent. A sufficient-
12 ly elaborated discussion of this I hope to publish
13 in the medical literature, shortly.

14 The other fundamental defect observable
15 in the Interim Report has to do with the Commission's
16 Inquiry into what they call the social, economic,
17 educational and philosophical factors which bear upon
18 the causes of the non-medical use of drugs. This
19 aspect of the Inquiry, the Commission said, was;

20 "One of our most important
21 functions."

22 The report shows, in my opinion, only
23 a shallow understanding of the motivation of the drug
24 users. The inadequacy of this aspect of the Inquiry
25 could be attributed to a major tactical error in
26 going about it. To enquire into the matter of motiva-
27 tion the Commission concluded that, "They must rely
28 primarily on what drug users
29 themselves say about their per-
30 sonal motivation and other factors

1 thing, the report seems oblivious to the connection
2 between the "psychedelic" experience and the unprece-
3 dented increase in the sense of isolation of youth
4 from our society. Having undoubtedly heard much testi-
5 mony about the so-called paranoia prevailing within the
6 drug dult, testified to repeatedly by workers in the
7 field, yet the Commission fails to read into the pheno-
8 mena any motivation which could be called pathological.
9 Instead the report says, "We feel it would be a
10 serious error, at least as far as
11 Cannabis use is concerned, to
12 think of the use as symoblic or
13 manifesting a pathological,
14 psychological or even sociological
15 state."

16 Significantly, this curious conclusion is reached
17 following the recital of what the drug users them-
18 selves had to say; "We do it for fun. Don't try to
19 find a complicated explanation
20 for it. We do it for pleasure.
21 I get loaded because I love to
22 do it."

23 It is atpointssuch as this that the
24 Interim Report is open to the criticism of shallowness
25 and one-sidedness in its interpreting and weighing
26 the significance of the information available. This
27 is regrettable in a work of generally great merit.

28 Hopefully, these defects will be made
29 good in the final report of the Commission, so that
30 the recommendations to ensue would be more likely to

1 be more appropriate to the seriousness of the psycho-
2 social pathology involved in the non-medical use of
3 drugs.

4 Also in relation to the motivation of
5 the use of the non-medical use of drugs I would like
6 to mention briefly two other points: Firstly, the
7 significance of the fact^{that} the psychedelic drugs, par-
8 ticularly LSD and Cannabis, are still acting as the
9 spearhead of the drug cult with youth, needs
10 to be adequately considered. Although Cannabis is, in
11 its pharmacological effect, the mildest of the
12 "psychedelic" drugs, this should not divert attention
13 from its crucial position or role as the entrée to
14 multiple drug use. It would be naive indeed to follow
15 the argument of some who suggest that by singling out
16 Cannabis and introducing permissive legislation for
17 it would demotivate users from trying more harmful
18 drugs. Such an opinion as that shows no grasp of
19 the motivational processes involved.

20 Secondly, when considering the prospect
21 of modifying the legal restraints against the use
22 of any drug, due consideration should be given to
23 the meaning that the public would generally read into
24 such governmental action. For the law to be made more
25 permissive towards the non-medical use of any drug is
26 tantamount to saying that it may be considered
27 relatively harmless. And that, with respect to the
28 "psychedelic" drugs, including Cannabis, in the full
29 light of our medical knowledge and of our seasoned,
30 long-sighted medical judgment, would be the monumental

1 self-deception of our decade. Deceiving ourselves
2 that we were thereby moving in our society towards a
3 fuller freedom, as with the self-deception of the
4 "psychedelic" experience itself, we would be turning
5 back the evolutionary clock and reverting towards being
6 the puppets of man's primordial biochemistry.

7 THE CHAIRMAN: Thank you, Doctor.

8 With respect to effects I should like
9 to understand what you feel requires greater stress
10 in so far as psychological effects are concerned. You
11 referred to changes, you referred to the illusion,
12 self-deception, about release of creativity and your
13 alledged positive effects. Do you consider that
14 illusion or self-deception, assuming it to be true, to
15 be itself an ill-effect of sufficient consequence to
16 call for the kind of legal approach we have now?

17 DR. YONGE: Yes, I think there are two
18 senses in which we are using the word illusion. The
19 first in the strict and literal sense, where the ob-
20 jects of the environment about one's self, like one's
21 body, are perceived inaccurately in that sensations
22 or sights, the shapes of things, the sense of dif-
23 ference may be altered, this being an illusion in the
24 strict sense of the word. In the broader sense of
25 the word, the general sense of creativity, what I
26 referred to as a presentment of creativity, the feel-
27 ing that one is about to at last be able to create a
28 work of art, express one's self more creatively in
29 music, this in a general sense is illusory because
30 in most instances it does not take place. What does

1 take place instead of true creativity is a release of
2 the more primitive modes of self-expression and so in
3 that broad sense, that experience I would call illu-
4 sory.

5 THE CHAIRMAN: When you said that
6 these impressions are by objective evaluation essen-
7 tially "sterile", what is that objective evaluation?

8 DR. YONGE: The objective evaluation
9 would be in the conclusions of an external observer
10 and analyst, and I'm not using the word in a psychia-
11 tric sense, but somebody who has the training and
12 ability and understanding of human mental processes
13 to evaluate significance.

14 THE CHAIRMAN: Do you feel that there
15 is a clear body of evidence of that character to
16 support your assumption that these impressions are
17 culminant of that foundation?

18 DR. YONGE: Regrettably, no. I say
19 regrettably because I think that we in the medical
20 profession and in the psychiatric sector have not
21 worked things through and come to sufficient consensus
22 of opinion or conclusions about many matters in our
23 field. Perhaps this is just a mark of the time, and
24 perhaps in another century hence it will be more
25 integrated. But regrettably, there has not been
26 consensus of opinion. What I am expressing is I
27 think not universally ---

28 DR. LEHMANN: Of course, we'd be able
29 to advise you better -- is not universally agreed.

30 THE CHAIRMAN: So that in taking

1 those two effects, those two senses of illusion, the
2 first one I understand being the actual conceptual
3 distortions, I take it that you would take these
4 effects by themselves as sufficiently serious to
5 warrant general legal interference with the conduct,
6 general legal prohibition of the conduct and that the
7 manner in which we deal with impairment, for example,
8 by alcohol where we deal with that discreetly in res-
9 spect of its particular effect on driving, there are
10 legal sanctions against that. You would feel that
11 these distortions of perception for some of these
12 drugs are sufficient grounds for our general prohibi-
13 tion?

14 DR. YONGE: No, I would not on those
15 grounds.

16 THE CHAIRMAN: Not on those alone?

17 DR. YONGE: It is my understanding on
18 the reading of the relevant literature that in terms
19 of motor co-ordination the effects of pot are not as
20 generally harmful as the effects of alcohol. But to
21 judge the harmfulness or not of the drug on that par-
22 ticular criterion is what I think is wrong.

23 THE CHAIRMAN: I was just wondering --
24 to take each of them ---

25 DR. YONGE: And the illusory effect on
26 distance perception is possibly a driving hazard but
27 it is not as great in my judgment as the motor inco-
28 ordination in use of alcohol.

29 THE CHAIRMAN: Right. Well then, on
30 that second illusion, namely, the illusion of increased

1 illusive creativity or other alledged positive benefits;
2 I take it this is an observation, scientific observa-
3 tion on your part, but to what extent is the justifica-
4 tion or ground that should be the public policy toward
5 the drugs? Do you feel it has any weight of supporting
6 the present policy of legal prohibition? I just want,
7 to go systematically if I may, your perception of effects
8 and their relative importance for public policy.

9 DR. YONGE: Yes. No, in my opinion
10 the important hazard of the psychedelic drug, and I
11 am taking the mildest, for example, cannabis, really
12 lies in the effect of the learned experience. You
13 might call it a secondary effect of the
14 drug and it is not directly a pharmacological effect.
15 It is really an effect on the general attitude of the
16 person, his general orientation, his self-concept that
17 complicates, in my opinion, one of the inherent prob-
18 lems in adolescent development, in finding one's proper
19 place and getting one's identity.

20 THE CHAIRMAN: You spoke about a
21 study that you are going to publish shortly, Doctor.
22 Would it be possible just to give us a hint as to the
23 degree of evidence that you have been able to gain
24 access to concerning long-term effect on attitude, no
25 -- long-term effect of attitudinal change?

26 DR. YONGE: In the terms of a controll-
27 ed scientific study this is not what the paper is
28 about. The paper is about the analysis of such in-
29 formation as we have. In other words, it is how to
30 think about what information we have got and I think

1 this is where our deficiencies have been in the past.
2 Rather than compiling further data -- although my
3 stress on using what data and information we have
4 should not be taken to indicate that I am disinterest-
5 ed in the detailed scientific research. In fact we
6 are trying to promote two major studies of the parti-
7 cular physiological and psychological effects of
8 cannabis this year. But this is not what the paper
9 is about.

10 MR. CAMPBELL: I wonder, Doctor, in
11 this area of clinical observation and attitudinal
12 change, to what extent do you feel competent in being
13 able to sort out the attitudinal changes that would
14 be attributed to the use of the drug for the attitudi-
15 nal changes that would derive from the friendships,
16 the social setting of the person who was a user, and
17 to what extent would be the need for this clinical
18 setting a need for the control of people^{as} opposed
19 to the sort of attitude in peer groups or perhaps
20 (having varying degrees of drug use.)

21 DR. YONGE: Yes. We are entering a
22 very diffuse and difficult area of course. How you
23 can start controlled studies of this kind I haven't
24 any idea and I haven't met anybody who has. It is
25 extremely difficult to set up controlled studies of
26 sociological, psycho-social effects through interaction
27 with or without drugs. There are so many variables
28 that you can't control. But coming to the first part
29 of your question how my conclusions are arrived at,
30 this is really the result of complete -- of repeated

1 clinical observation. It is speculative; it is supposi-
2 tional; and I think in our study of problems, social
3 and medical, we have become too stereo-typed in our
4 total dependance on what laboratory -- the test-tube
5 can produce and in our general observations and logical
6 analysis of the impressions is valueless.

7 MR. CAMPBELL: I'm not trying to appre-
8 ciate the clinical approach, but I am still curious--
9 We have a noticeable change in attitude. We have in
10 this population the use of a drug; we have in the
11 same population exposure to a group manifesting these
12 attitudes. Now, something has to happen to let us
13 come down to saying, "All right, we have attached a
14 primary to the drug as a cause as opposed to the in-
15 fluence of a group." Could you tell me something about
16 your reasons that led you to come down on attributing
17 the cause primarily to the drug rather than the group?

18 DR. YONGE: Well, I think it is fair
19 to say that I do not come to the conclusion and cate-
20 gorize it that way as primary or secondary cause.
21 But from clinical experience of my own and of what I
22 can read of others and it is just with others the
23 general secondary effects of the psychedelic experience
24 lays the person open to the absorption of social pres-
25 sures that take on a more opting out short of revolu-
26 tionary but sometimes it goes on to revolutionary,
27 but certainly opting out of the current what we, I
28 suppose, have to still call, "the real life situation".

29 I am not saying that I think that
30 the psychedelic experience causes this attitude. But

1 from my understanding of the psychedelic experience it
2 lays a person open more to this attitude.

3 MR. CAMPBELL: Does it lay/open to this ^{him}
4 particular attitude specifically, or does it lay him
5 open to the influence of a group that might lead him
6 to the adoption of some other attitude if that were
7 the dominant one in the group?

8 DR. YONGE: Well, could I put it in
9 another context of what we understand about personality
10 development in the adolescent period and normally there
11 develops a time in adolescence when there has to be a
12 critical evaluation of the learned social values. And
13 a critical evaluation of the individual's identity.
14 There arises in this process conflict and the tendency
15 to rebel, to discard perhaps too much out of hand --
16 to discard the learned values. And with this there
17 is the intensification of a curiosity to discover and
18 to discover for one's self what life is all about.

19 Now, coming up to this time the psyche-
20 delic experience would seem to imbue the individual
21 with a sense of self-understanding, of a fresh view,
22 perhaps a revolutionary view of himself and his society.
23 The psychedelic experience plays into the conflict
24 in adolescent development. Seeing that the psychedelic
25 experience is predominantly an illusory one, this is
26 why that I think at this crucial point when the indivi-
27 dual is trying to establish a realistic identity he
28 is in danger of his reaching an unrealistic identity.
29 The end result is that, although always in this revolu-
30 tionary process there is always a phase of excessive

1 elegance, I know it all sort of attitude, the psychedelic
2 experience just enhances this, so now I do know and the
3 rest of society and the establishment and the parents
4 are really in the dark. So it enhances the hazard of,
5 shall we say, the arrogance of ignorance through which
6 the adolescent is trying to find his way.

7 MR. CAMPBELL: Now, if we see then the
8 effect here of an illusion being accepted as reality,
9 and I think this is the thrust of your argument, would
10 there be the same danger, in your judgment, of exposure
11 to any number of varying ideologies which go on to
12 identify reality, and to define it in a certain way,
13 to define the place of man and existence in a certain
14 way, this colours their reality, in fact, I suppose one
15 can say of the million odd ideologies from any one of
16 our points of view, 999,000 provide an illusionary
17 reality?

18 DR. YONGE: Yes. However, we are
19 creatures which have evolved by -- in certain stages
20 and the first stage in our psychological or personality
21 development is really all to do with sensory perception.
22 The more sophisticated mental processes that we call
23 cognition occur in a later stage. Now what you are
24 saying about the social influence, I think, is an
25 influence that plays in a fairly sophisticated way
26 upon one's cognitive and affected processes, on the
27 way people think and feel emotionally. The psychedelic
28 drugs hit at the ground level of sensory perception so
29 that the experiences, the learned experiences, and by
30 these I am talking about the interactions, the social

1 interactions that would go on at a pot party, for exam-
2 ple, these experiences will be in the context of a
3 certain sensory ecstasy, and are more telling than
4 experiences that come by cool reasoning. So that I
5 think that the psychedelic experience is a more of a
6 root experience and this is conjecture, this is a
7 theory. Therefore, I think that the psychedelic drug
8 is a particularly precarious element.

9 MR. CAMPBELL: But if we can define
10 between, let us say, five different Christian denomina-
11 tions each of which define man differently in terms of
12 his nature and his place in existence and each of which
13 provide an ecstatic experience in which even the young
14 could share. Would this be an analogous situation?

15 DR. YONGE: Nearly so, nearly so. And
16 I am sure you are aware of the work that is being done,
17 making analogies between ecstatic experiences, equating
18 certain fervent religious experiences with the effect
19 of electric convulsive therapy in psychiatry, with the
20 effect of brain-washing and so on. I would suggest
21 that where physical measures are used then the position
22 is analogous, where more psychological cognitive factors
23 are used, less so.

24 THE CHAIRMAN: Gentleman at the micro-
25 phone?

26 THE PUBLIC: Yes. I would just comment
27 -- I'm not going to argue -- I think the key to Dr.
28 Yonge's particular bias and perhaps most of the bias
29 of all the medical profession is early dismissal of
30 work like Laing and Thomas and what these people are

1 saying is that the scientific method has it's own bias
2 and the bias has become very obvious, towards the patho-
3 logical model of what a human being is all about. I'm
4 sure you gentlemen have come across these particular
5 works. But, it is this particular kind of scientific
6 mystification that we have been watching that devalues
7 the work of good researchers.

8 MR. STEIN: Could I ask a question, Dr.
9 Yonge. In light of your observations, I wonder if you
10 would tell us -- the last observation that you made, if
11 I have got it correctly, was that any change in the
12 present legislative approach or control through criminal
13 law would inevitably be taken by the public as a sign
14 of approval of a permissive attitude towards the use
15 of drugs. I'm not sure those were exactly your words.

16 DR. YONGE: Not any change but if the
17 change were to be more permissive.

18 MR. STEIN: More permissive, yes. Let
19 me ask you this: are you in favour of the existing
20 criminal law, as it stands now on the Narcotic Control
21 Act, the Food and Drug Act. Do you have any comments
22 to make about this presently? Are you satisfied with
23 them?

24 DR. YONGE: No, I am not in favour of
25 the present state of the law in regard to drugs and in
26 particular to cannabis, on the grounds that so many
27 other people are protagonists on the legalization stand-
28 and that is that we are creating, by dubbing as virtually
29 criminal, a lot of minor deviations, minor social devia-
30 tions like misusing drugs. So I'm not in favour of the

1 laws as they are at present. However, I think we have
2 got to be very careful that what changes we make are
3 not read as meaning, after all, any of the drugs, includ-
4 ing cannabis are virtually harmless. I think that the
5 legislation should declare unequivocally that this is
6 not an acceptable practice in our society and measures
7 are going to be taken to try and prevent it and help
8 those who are in any sense hooked. It would really
9 mean a shifting, in my opinion, and as far as what the
10 law does -- my opinion is only a layman's opinion of
11 course -- is that the shift of authority should be put
12 on the medical profession and that the use, the misuse
13 of drugs, the non-medical use of drugs, should be in
14 the law declared as unacceptable and unhealthy, there-
15 fore being a health problem, ^{and} should be dealt with really
16 on a medical basis. And this comes back to another
17 suggestion about -- not universally -- but in certain
18 selective categories, the compulsory treatment of users
19 of drugs.

20 MR. STEIN: You sort of paused when you
21 said "the use, misuse". I'm not sure. Which do you
22 mean?

23 DR. YONGE: I meant to be quite sure
24 to define that I was referring to the misuse, the non-
25 medical use of drugs.

26 THE CHAIRMAN: All non-medical use?

27 DR. YONGE: All non-medical use. Well,
28 the drugs that we are worried about, the hard narcotics
29 and the soft tranquillizing drugs and the psychedelics.

30 MR. STEIN: Any use would be, in your

1 estimation, a form of misuse of those drugs that you
2 mentioned?

3 DR. YONGE: If not used under medical
4 prescriptions.

5 I grew up -- no, I didn't grow up --
6 but I was in on the early scimmages about the use of
7 LSD and mescaline for medical treatment and I was most
8 interested. This is in the early 50's. And I was
9 associated with a man who gave the name "psychedelic"
10 to the business, the same man that started Aldous
11 Huxley on his trip. So I was interested in the medical
12 use of these drugs and I still am.

13 MR. STEIN: Could you tell us something
14 of your views about what, for example, compulsory
15 treatment of users of cannabis might look like in terms
16 of program. What would this mean? We have heard from
17 many, many doctors but they are stymied when they are
18 presented with cannabis users for treatment and I would
19 be very interested in your view of that.

20 DR. YONGE: This would have to be quite
21 hypothetical because I think that any suggestion of
22 treatment for usage which is so widespread would be
23 impractical. You can't say to every smoker of pot that
24 because this is an unhealthy thing he is now committed
25 to attend a doctor. It would just not be feasible.
26 But as a general principle, the end result would be
27 that those who seem to be more persistently involved,
28 ^{those} than/whose involvement comes to light, would be, I think,
29 referred preferably on a voluntary basis, but if neces-
30 sary on a compulsory basis for medical treatment which

1 would not entail institutionalization. There would be
2 some, I suppose, highly resistive cases, probably not
3 those on pot, where institutionalization would be
4 indicated.

5 THE CHAIRMAN: If it is not practical
6 to think of the treatment of cannabis users, how should
7 the law deal with it?

8 DR. YONGE: Well, I would rather -- a
9 precise answer to that is how should the law frame it.
10 In principle, I think that the government should de-
11 clare that this is unhealthy and an unacceptable prac-
12 tise in our society and that people who use it should
13 be considered in need of medical care. How far it
14 would be feasible to make this compulsory when we
15 get down to something like cannabis, I cannot say.

16 DR. LEHMANN: This is done with ciga-
17 rettes now. The government has made it obvious that
18 it is unhealthy and the habit is a pathological one
19 and it has been publicly stated, but the government
20 does not go any further with regard to tobacco. Do
21 you think the government should go further?

22 DR. YONGE: Yes, and with regard to
23 tobacco although the harm is quite restricted, but,
24 restricted essentially to lung cancer. I think the
25 government with respect to tobacco should go a lot
26 further. As far as advertising and even as far as
27 production is concerned.

28 MR. CAMPBELL: Going back to the
29 Chairman's and Mr. Stein's questions about persistent
30 cannabis users you spoke as being proper subjects for

1 treatment. Could you tell me something of the illness
2 which you will assume to be present requiring treatment
3 and the nature of the treatment that might be efficient.

4 DR. YONGE: I think here we get hung
5 up on having introduced this concept of sick versus
6 healthy and therefore, illness. And in medicine we
7 are, although, as physicians I suppose always dealing
8 with illness, many of the conditions we deal with are
9 not strictly illnesses and this goes particularly in
10 psychiatry. They are deficiencies, defects.

11 MR. CAMPBELL: Conditional defects,
12 then?

13 DR. YONGE: Yes. And in this case
14 there is then something imperfect about the human moti-
15 vation and this is what would be dealt with

16 THE CHAIRMAN: Gentleman at the micro-
17 phone?

18 THE PUBLIC: Yes, I would like to say
19 something. One of your main ways was the effects that
20 deterrents would have. First, I the assump-
21 tion that I have to make is that there are cannabis
22 drugs and then there are chemicals. I believe that
23 cannabis drugs don't negate reality. What they do is
24 allow the individual to focus his attention on certain
25 aspects of his environment which he can distort or
26 have an illusion about to a certain limit, depending
27 on the individual. Well, if you have seen any studies
28 on dyadic relationships between two people, exactly
29 the same thing happens. Two people see each other and
30 have illusionary ideas about what the other person is

1 and he choses and limits the kind of ideas he has about
2 that person depending on what he knows. And as you
3 know, many dyadic relationships don't work out. And
4 this goes for couples and marriage.

5 THE PUBLIC: Mr. Chairman, what concerns
6 me is that I am a teacher in a public school up here,
7 a high school, what worries me is that our school lib-
8 rary containsmagazines such as Science and Scientific
9 American which contain the results of scientific studies,
10 not subjective opinion as we have just heard from this
11 gentleman. But the students read these articles and
12 they prepare reports on these for their science class,
13 and their biology, social studies and so forth and then
14 they see in the paper subjective opinion such as I've
15 just heard from your present speaker and it seems to
16 me that this only broadens the area of confusion in
17 the public mind and particularly in the minds of kids.
18 It seems to me that if your final report should contain
19 anything in these areas I would say that your conclu-
20 sions ought to be based on the findings of scientific
21 study and investigation. I cannot accept the postulate
22 which we have heard this morning that by implication
23 science has it's own bias. Nor can I accept the postu-
24 late that this Committee has in some way erred by
25 accepting the findings of science so far extant.

26 I find it ludicrous that the suggestion
27 should be made that researchers should stop and we
28 should commence to expostulate further in a subjective
29 way upon research already available.

30 As a teacher in a high school where I'm

1 aware that a very high percentage of the young people
2 are users of cannabis, I am very concerned that there
3 is a growing, shall I say gulf, between what the law
4 says and what they are able to discover for themselves
5 and what is more important from the literature available
6 in their schools. Now, I have not touched on the
7 articles that appear in the popular press or in the
8 more popular weekly magazines, ~~but~~ the effect of art-
9 icles in such magazines as Science. But I find nothing
10 in this submission which has just been given that I
11 could take back to students in a school and enlighten
12 them further, because I'm not aware that these state-
13 ments are based on proper scientific research. I
14 respect them as the statements of a person who is an
15 expert in a particular field but that nevertheless
16 places them in a field of subjective exposition
17 rather than objective finding.

18 Thank you.

19 THE PUBLIC: Gentlemen, there is just
20 one point that I would like to bring to your attention
21 at this time. It has to do in part with what the
22 Doctor said and it is something that I would like you
23 to consider. In the present context of our legisla-
24 tion with regard to marijauna and its use by groups
25 of individuals as a form of sacrament or social -- a
26 means of social get-together and the subsequent isola-
27 tion of these groups into a sub-culture that we know
28 as the drug sub-culture, what would be the effect of
29 the legalization of the use of the drug in that set?
30 Would it still be used as a sacrament or an important

1 means for people getting together? Because in its
2 present context of usage and through my own personal
3 experience and observation in the field for a period
4 of perhaps four or five years the drug definitely
5 seems to enhance a person's instinct, and yet it would
6 seem to negate his freedom of decision within that
7 group context. In other words, the paranoia that drug
8 users often talk about and sometimes experience is
9 seldom nothing more nor less than listening to what
10 other people are saying and taking it in a very sub-
11 jective sense. In other words, it is like letting a
12 group of people direct your will through this heighten-
13 ed sense of instinct. And this, I think, is a real
14 danger in the psychedelic drugs, ^{that} /is, how much mind
15 control is involved either consciously or unconsciously
16 by other individuals in that setting. And that is
17 my own comment at this time.

18 THE CHAIRMAN: Doctor, we have kept
19 you very long and I notice it is 1:15 and there is
20 one question we haven't followed up; your critical
21 comments on the analysis of motivation and cause which
22 is important. I want to understand, you did stress
23 the lack of emphasis on the pathological side and we
24 had a couple of stages on that and I think you quoted
25 one sentence from it. But the discussion begins with
26 the statement; "This phenomenon can also be
27 viewed from the perspectives of
28 psychiatry and abnormal psychology.
29 There are many in the public who
30 tend to view the non-medical use

1 of drugs as symptomatic of a
2 pathological psychological state.
3 There is no doubt but that some
4 of those who use drugs such as
5 cannabis or LSD are mentally ill;
6 this is also true of some propor-
7 tion of those who use alcohol
8 and the mental illness is causa-
9 tive to some degree of their use."

10 And then there is the statement you quoted;

11 "However, it is the view of the
12 Commission that the majority of
13 drug users do not take drugs as
14 a result of pathological motiva-
15 tion. Nevertheless it is desir-
16 able to draw attention to some of
17 the psychological and psychiatric
18 problems that are suggested to be
19 contributing factors underlying
20 non-medical drug use."

21 And then the report goes on to discuss certain hypo-
22 thesis of pathological motivation and spells them
23 out, and finally in the last paragraph speaks of;

24 "The sick individual who relies
25 on cannabis, speed or other
26 psychotropic drugs, almost as his
27 only means of escape, who uses
28 them always as a crutch, and
29 structures his whole existence
30 around them as the only providers

1 of pleasure, (the 'pothead', the
2 'speed-freak' and the 'acidhead')
3 is in need of medical and psychiat-
4 ric or psychological treatment."

5 We are not here to defend the report
6 and we just want to understand in what measure you feel
7 there has been a lack of stress or sufficient identifi-
8 cation of the possible importance of pathological explana-
9 tion on motivation.

10 DR. YONGE: I think this turns on the
11 standards that society accepts for itself. I would
12 rather resort to that undefinable word. And this turns
13 on a certain, I suppose, idealistic conceptualization.
14 In the terms of human psychological development, any
15 person not being sick, that is, having^a/physical com-
16 plaint about his bodily health who turns to the arti-
17 ficial means such as drugs to, as it were, make more
18 of himself to enhance his self concept or his self-
19 consciousness is in my opinion, perhaps by an idealogi-
20 cal standard, using secondary -- second rate means. So
21 that the motivation of the person would be at fault.
22 The person who is not giving adequate response in what
23 is an innate or almost instinctual drive to be produc-
24 tive and creative; to develop his own character and
25 to get busy in productivity, now, that is putting
26 health at a rather high, almost (inaudible) level. Now
27 in that context, anybody who chooses to use drugs has
28 second rate motivation.

29 THE CHAIRMAN: I see. The quarrel
30 then is with the criteria of psychological normalcy;

1 normal functioning?

2 DR. YONGE: Yes, I think so.

3 THE CHAIRMAN: Right. Thank you, that
4 clarifies the issue.

5 I think, Doctor, we should conclude.

6 Thank you very much for your help. We
7 will reconvene here -- we are scheduled to reconvene
8 at 2:00 and perhaps we had better make it 2:15 to give
9 people time for lunch.

10
11 --- Upon recessing at 1:15 p.m.

12
13
14
15 --- Upon resuming at 2:15 p.m.

16
17 THE CHAIRMAN: Ladies and gentlemen
18 we will resume our hearing now and we will commence
19 with Mr. Michael Cadger.

20 Is Mr. Michael Cadger here?

21 Dr. David Cook, Professor of the Depart-
22 ment of Pharmacology, University of Alberta, Dr. Cook?

23 DR. COOK: I would like to thank the
24 secretary of this Commission for asking me to come
25 here and present ~~the~~ short brief this afternoon. I
26 should point out that I'm not presenting anything new
27 and the area that I am presenting is somewhat restrict-
28 ed. The secretary ^{assured} ~~told~~ me this would be of interest
29 to the Commission and I hope this/ I'm going to talk
30 about the known properties of certain of the more un-

known hallucinogens. The current/^{status} hallucinogenic
euphoria producing drugs is/^{very} difficult to estimate.
Some/^{workers} believes that the use of LSD has declined/^{quite} drama-
tically since 1966. The Commission themselves would
be in a better position than I am to make comments on
this. But if this is in fact so, the incidence of
abuse of other hallucinogenic euphoria producing
drugs appears to be on the increase. I have been
combing the literature recently in order to collect to-
gether references to these other drugs and I am going
to classify these into four areas and I'm going to
talk in a little more detail about just one of these
areas.

14 The first group that I would like to
15 discuss -- the first group is what might be called
16 the natural hallucingens and I would include in this
17 psilocybin, mescaline, marijauna, hashish and the
18 synthetic derivative tetrahydrocannabinol, THC, which
19 is reputed to be the active ingredient in marijauna,
20 although in fact there is some doubt about this at
21 present.

22 Into the second group I class the
23 drugs where abuse seems to be fairly widespread, namely
24 LSD and amphetamines. And for want of anywhere else
25 to put them I would like to put into this group solvents
26 which are taken through glue sniffing and phencyclidine
27 which is a clinical drug and ^{there} do appear to be one or
28 two cases of the non-medical use of this drug. It is
29 also ^{known--}phencyclidine ^{or} (sernyl). There is one isolated
30 report concerning the abuse of two drugs and I don't

1 know what the incidence of this is but I suspect it is
2 very low. These are MDMA and TMA, that is ^{methoxy-}methylened-
3 ioxyamphetamine and trimethoxyamphetamine. The last
4 group are all synthetic drugs and the abuse of these
5 seems to be something of a problem at any rate in
6 parts of the United States. The drugs that I am
7 referring to, and I will not use their chemical names
8 unless people wish information on this subject later,
9 are STP, DMT, DET and MDA and about these drugs I
10 want very briefly to say a little more. Dimethyltryp-
11 tamine, diethyltryptamine are naturally occurring, they
12 crop up in certain grasses and the interest in these
13 things and probably the only toxicity study of these
14 drugs arose from a Veterinary School in Australia where
15 the farmers were finding out that they had a large
16 number of freaked out sheep on their hands. These
17 agents were investigated during their enthusiasm for
18 searching ^{for} agents ^{and for} adjuncts to psychotherapy. This
19 took place about 1960 and Dr. Hoffer of Saskatchewan
20 was perhaps in the forefront of this field. They
21 are hallucinogenic. They were found to induce hallu-
22 cinations, depersonalization, on injection, DMT it took
23 place fairly rapidly in the space of three to five
24 minutes and ^{whole} the experience was found to last about an
25 hour. Diethyltryptamine, DET, was found to be rather
26 less active, about 50 times less potent; also, the
27 effects did not come on until about 15 minutes after
28 the drug had been taken and they persisted rather longer,
29 like about three hours.

30 There is quite a wealth of studies of

1 these things in humans, but few of them add greatly to
2 our information. What I'm really concerned with is the
3 toxicity of these things, and on these there seems to be
4 a wide divergence of opinion. It is a matter of some
5 astonishment that these drugs were taken by psychiatrists
6 in the absence of any adequate data on just how toxic
7 they are. The only direct report of toxicity studies was
8 carried out on mice and no experimental details were
9 given whatsoever. This is really the sum total of our
10 knowledge about dimethyltryptamine and diethyltryptamine.
11 They can cause death. Some of the Australian sheep died
12 and this was due to cardiac arrest. The dose was not
13 known and frequently a mixture of other substituted
14 adulterants were given as well. The only evidence we
15 have suggested a figure of 120 milligrams of drug per
16 kilogram of animal, and this was a reasonable figure.
17 In one species, as I understand it, the drugs were given
18 by intra-peritoneal injection, which is not perhaps the
19 most popular route for administering drugs, and in con-
20 sequence the state of knowledge in this area is really
21 very small indeed.

22 Reports of abuse of DMT and DET are like-
23 wise somewhat scattered. There are reports in literature
24 and the common route of administration is apparently that
25 these drugs are snuffed, sniffed or smoked and also
26 injected. I'm not certain how well these things could
27 be administered by smoking and there have been no studies
28 in this direction either. One rather alarming feature
29 is that if these drugs need to be given by injection
30 then one can see that this can lead very readily to
acceptance of injection as a possible means of admini-

1 stration of these drugs and this might lead to abuse
2 of the harder narcotics. I should emphasize that we
3 do not know that these things are less dangerous than
4 narcotics because we know very little about them but
5 we certainly know that narcotics are dangerous.

6 Moving onto another drug, this is STP
7 and it is also called DOM. I have no idea how the
8 drug using community got hold of this thing. It was
9 first synthesized a while back in a screening of it to
10 find hallucinogenic drugs as an adjunct to psycho-
11 therapy and they found out that the thing was reasonably
12 toxic although no details were given. It is an en-
13 tirely synthetic drug and although it is related to
14 mescaline, as far as I know, it does not occur natur-
15 ally in anything. STP is a very interesting drug in
16 the sense that the laboratory experience such as it is
17 with this drug, is at variance with the reported exper-
18 ience of users and this particular matter hopefully
19 will be resolved by Commissions such as this one.
20 Certain investigations were carried out in human beings.
21 The drug was felt to produce intense hallucinations
22 and these persisted for up to 8 to 16 hours. This is
23 not the experience of street use according to reports.
24 In this they claim that the drug in fact induces an
25 illusional psychosis which may last up to 7 days. One
26 possible explanation for this discrepancy lies in the
27 fact that street STP may well be contaminated with an
28 alkaloid of the belladonna type and this may very well
29 account for the protracted action and also for the
30 extremely toxic and obvious side effects which are

1 frequently reported with this drug. We have no informa-
2 tion whatsoever, that I have been able to locate, on
3 either the acute or chronic toxicity of this drug and
4 therefore its poisonous toxic properties are almost
5 completely unknown.

6 Quickly I want to turn to MDA and here
7 again the situation is very poor as far as our scienti-
8 fic knowledge goes. This drug is active orally, it is
9 another mescaline-like thing, and it is felt in fact
10 not to be a true hallucinogenic at any rate in the
11 psychological tests that have been carried out, but to
12 induce feeling of de-personalization and euphoria.
13 One person who took this drug during therapeutic trials,
14 who was experienced in LSD, said that this drug is like
15 LSD in its effects but without the hallucinations.

16 Heighten^{ed}/perception is one thing.
17 Another person quoted that he could hear very much more
18 clearly and his eye-sight was also improved. One esti-
19 mate of the toxicity of this drug is available and
20 another estimate was produced some 7 or 8 years later
21 and the two differ by^a/factor of two or three hundred
22 so it is difficult to decide which one is correct.

23 If I may quote to give you some illus-
24 tration of the work in this area, one person presented
25 these reports in a conference and on being asked about
26 the toxicity, said; "We ran through a series of experi-
27 mental animals and it didn't look
28 too bad."

29 Now, the extent of the use of these
30 drugs is a moot point and hopefully we will have more

1 information soon. The extent of the scientific know-
2 ledge of these drugs is very powerless indeed and perhaps
3 I could close by mentioning my interest in these drugs
4 arises from a desire to carry out some experimental
5 work in an effort to block one or two of the abundant
6 holes in our knowledge of this area.

7 Thank you for your attention.

8 THE CHAIRMAN: Thank you

9 Dean Campbell?

10 MR. CAMPBELL: Dr. Cook, you referred
11 to studies on the active ingredients in cannabis and I
12 took it that you were implying -- I think you referred
13 to the Delta 9 THC^{and} alluded that this had been felt
14 to be the active ingredient and that there was now some
15 doubt. Would you expand on the nature of the doubt
16 and whether it is in the direction of some other parti-
17 cular active ingredient or a variety of active in-
18 gredients.

19 DR. COOK: I think almost certainly
20 the latter is true. A detailed and (self-)study of the
21 basic pharmacology of cannabis recently appeared in the
22 magazine "Nature" by Paton, Gill and (Fetrie) of Oxford.
23 What they discovered is first of all^{that} there were a number
24 of cannabinoids in marijauna which had not previously
25 been identified. They also found a number of mescaline
26 like agents. They also found one or two things which
27 seemed to be atropine-like. Dr. ^(Latonia) at the University
28 of Laval has also investigated this problem and at a
29 work-shop^I attended this summer, made the point that
30 although the active constituent at one time appeared to

1 the
2 be/Delta 9 isomer of THC, the other isomers might have
3 some activity, in fact, they are known to have some
4 activity and in addition, there are several other alka-
5 loids which have not been fully characterized which may
6 modify the experience. This is the current state of
7 knowledge of this particular area. I believe I am right
8 in saying too that the experience of the drug users with
9 synthetic THC and with marijuana is not the same.

10 MR. CAMPBELL: In your view, would it be
11 a difficult research task to determine absolutely the
12 active ingredients?

13 DR. COOK: Well, as I say, there are two
14 difficulties. First, there is, essentially, the chemical
15 one. You have huge quantities of alkaloids in most
16 (inaudible) substances and the relative concentrations
17 of these, if they are very potent, could be very critical.
18 And the second point is that these studies, in general,
19 are carried out in animals and it is very difficult to
20 get any estimates of subjective effects. The studies of
21 marijuana in humans are somewhat limited, I gather, and
22 have received a certain amount of obstruction. I suspect
23 with these other derivatives, particularly when we have
24 very little information as to their toxicity, I think it
25 will be a long time before we can do a comprehensive
26 study. This is my feeling.

27 DR. LEHMANN: Dr. Cook, how would you
28 visualize the obtaining of more conclusive evidence of
29 the effects of these drugs? As you pointed out, one
30 cannot very well generalize from animal experiments.
Some of these drugs are quite dangerous, MDA, STP and
so on. One would wonder just how one should go about--

should one obtain volunteers and introduce them to the use of these drugs for experimental purposes. And even then, as you say, the effects reported on the street are quite different. For instance, in STP this has been shown repeatedly. There is also one study by a group -- (Kirshen) is one of them -- in New York, who showed quite conclusively that when STP was given to a group of volunteers and some of them were told that it was STP, it wasn't, it was a placebo, and others were not told. Those who were told it was STP had all the long-lasting spectacular effects of STP. So therefore, ^{they} concluded that the folklore among the users of street drugs is a very powerful factor. No matter what is pharmacologically and experimentally determined of the effects, if they have a preconceived notion about it, that STP lasts for several days and it will last for several days. How would you visualize to obtain -- how should one go about obtaining more conclusive evidence about the effects of such drugs?

DR. COOK: First of all, on the comments about STP, they are extremely sound. There was a study in the British Journal of Addiction by Anghurst on this matter with particular reference to STP. The thing was entitled I think, "Hippies" or some reliable supply of evidence concerning psycho-active drugs. As far as experimental studies go, ~~no~~, I would be quite opposed to the use of these agents in human beings. I think the testing of drugs in human volunteers without having adequate toxicity data in no circumstance is to be encouraged. I would state that the psychological

1 effects of these drugs have to be obtained in general
2 on an anecdotal basis.

3 DR. LEHMANN: Then you run into this
4 difficulty. I was referring to the same thing, that / "hippies"
5 are an unreliable source of evidence.

6 DR. COOK: I think one of the more critical
7 points con-
cerns the toxicity of these drugs, and as far as the
8 psychological effects of these things are concerned,
9 unless they are therapeutically useful and relatively
10 non-toxic I don't think we should proceed to human
11 volunteers and we are thus restricted to determining
12 what / their rather than classical/behavioural pharmacology is. In
13 this matter it seems to me to be important to be able
14 to get some idea just how toxic these things are, what
15 toxic effects of them are and what rational therapy in
16 the cases of drug over-dose would be feasible. And
17 these studies can be carried out to some extent in
18 experimental animals in the same way that any new drug
19 is screened in experimental animals. The extrapolation
20 of data from animals to man is a very complicated
21 issue but it is possible to make some generalized
22 statements concerning the safety of these drugs before
23 they get to the state of being tested on human beings
24 as you are/ doubtless, well aware. A large number of drugs in
25 animal testing are proved toxic or teratogenic
26 and they are stopped there and are never extended to
27 any clinical trials.

28 THE CHAIRMAN: Thank you very much,
29 Doctor.

30 I call now--is Mr. Michael Cadger here?

1 I call then on Mr. Hugh Moncrieff?

2 Mr. Moncrieff, Kiwanis Club of Edmonton,
3 Chairman, Operation Drug Alert Committee.

4 Would you like to be seated at the
5 table?

6 MR. MONCRIEFF: I suppose I may as
7 well, I guess.

8 The Kiwanis Club of downtown Edmonton
9 appreciates the opportunity of spending a couple of
10 minutes addressing your Commission. The Kiwanis Club
11 of Edmonton, as part of the International Kiwanis Major
12 Emphasis Program "Operation Drug Alert", with which
13 the Commission may be familiar or may not be familiar
14 has been active in the mass distribution of literature
15 on the subject of drug abuse in Edmonton.

16 During the past summer some 25,000
17 kits of information, the main piece being the pamphlet
18 "Deciding Upon Drugs", of which I have some copies
19 with me, were distributed to individuals from a booth
20 located on a revolving basis in four of the city's
21 major shopping centres.

22 A professional counsellor, hired by
23 our club, was in attendance at the booth at all times.
24 Volunteers from the Edmonton Home & School Association
25 and the three Edmonton Kiwanis Clubs assisted in the
26 actual operation of the booth/^{and}the distribution
27 of literature. A factual, descriptive, tape recorded
28 narrative played repetitively in 5 minute cycles re-
29 ferring to a rather elaborate display of some 40
30 commonly abused drugs and substances.

1 An extremely high interest level, and
2 a generally positive reaction was shown by parents,
3 younger adults, and children over twelve. Very little
4 of the literature was thrown away on the shopping centre
5 premises - this being a good indication that the mater-
6 ial was taken into many thousands of homes and read.

7 The questionnaires were available ask-
8 ing three questions, and we really didn't ask people
9 to fill these out, but many hundreds were filled out
10 and we asked three questions, and I should point out
11 that these booths were located in major shopping centre
12 malls through which many thousands of people travel;
13 Edmonton being basically a shopping centre city. Three
14 questions were: Is there a drug problem? What is the
15 nature of this problem? and, What should be done about
16 it?

17 Many hundreds of persons, on a volun-
18 teer basis answered these questions. In addition,
19 records were maintained by our counsellor concerning
20 the age, sex and other characteristics of people who
21 visited the booth, as well as the nature of the question
22 or the problem discussed with the counsellor. Once
23 our admittedly modest research has been compiled, and
24 we've had some problems doing this, it will be distri-
25 buted to interested persons, departments and organiza-
26 tions.

27 We do believe that the information
28 distributed to such a large number of Edmontonians was
29 of value, and this of course will depend to quite a
30 large extent on the value of the literature itself, of

1 which I am sure can be improved, but we believe it to
2 be a reasonably good start on drug education. The
3 shopping centre informality appears to be advantageous
4 in reaching persons in a receptive frame of mind. We
5 found this to be quite true.

6 The Kiwanis Club of Downtown Edmonton
7 wishes to continue its O.D.A. work in Edmonton and an
8 active Committee exists within the club. The distri-
9 bution of factual information through the proper
10 channels is clearly the best role that we, and other
11 similar service clubs, can play. For example, 2,000
12 copies of the comic book style publication "What if
13 they call me 'chicken?' have been ordered. I found it
14 quite interesting and my children did and I would
15 imagine that^{if} the school boards feel the same way,
16 they^{will} introduce it to some of the children
17 in the school system.

18 It is our intention to make these
19 available to the Edmonton Public and Separate School
20 Boards. A variety of additional educational materials
21 on the subject of Drug Abuse are available through
22 Kiwanis International. Should your Commission see
23 fit to recommend that the expanded distribution of
24 such materials is advisable, the Downtown Edmonton
25 Kiwanis Club is willing to devote time and money
26 toward this end.

27 The opportunity of addressing these
28 remarks to your Commission has been appreciated. We
29 will review the final report with great interest.

30 Thank you.

1 MR. STEIN: Did you say you had a copy
2 of the article "Deciding on Drugs"?

3 MR. MONCRIEFF: Yes, I planned on
4 leaving the material that I have with the Commission
5 today.

6 MR. STEIN: Could you tell me some-
7 thing about it? I'm not familiar with it. Is it
8 something that was written locally?

9 MR. MONCRIEFF: No, this material was
10 produced internationally and we obtained it through
11 our Chicago International Office. It would be interest-
12 ing to get a show of hands from the crowd as to how
13 many people actually saw this material as a result of
14 visiting shopping centres this summer?

15 I'm sure there are more than that.

16 Well, they are gradually coming up,
17 but at any rate we do feel we got a lot of exposure
18 in the city. It is factual information and doesn't
19 attempt to preach one way or the other about the use
20 of the various substances.

21 THE CHAIRMAN: Is the distribution of
22 the information the main object of the "Operation
23 committee"? / Drug Alert"

24 MR. MONCRIEFF: Throughout North
25 America it goes into quite a lot more depth and as a
26 matter of fact we have been approached in Edmonton to
27 go into more depth and provide money for more specific
28 projects. But to this point we have maintained and
29 restricted ourselves to the distribution of information.

30 THE CHAIRMAN: Is this co-ordinated on

1 a continental basis, the activity of the Kiwanis?

2 MR. MONCRIEFF: The overall need has
3 been identified and has been identified within our
4 club as a Major Emphasis Program. But each community
5 I am sure, and certainly from being aware of what has
6 been done elsewhere, is simply doing what they think
7 is necessary in their community and of course, taking
8 into consideration what other organizations are doing.
9 We would like to be part of a more co-ordinated overall
10 program and we actually have the funds and the willing-
11 ness to do more than we have done but we have been a
12 little bit reticent to step out and to do things that
13 could be considered out of our area of proper activity.

14 THE CHAIRMAN: Has the club attempted
15 to develop any policy on drugs; on what we should do
16 generally as a society, or does it content itself with
17 certain service functions?

18 MR. MONCRIEFF: I would say that indi-
19 viduals have drawn that conclusion and I would ^I suppose,
20 have to -- I would have to answer your question, no,
21 but that I would imagine we are prejudiced towards
22 the fact that we see no good from -- coming from the ab-
23 use of drugs or from the use of drugs non-medically
24 and therefore can't see why it should be supported.

25 THE CHAIRMAN: What do you feel should
26 be done about it?

27 MR. MONCRIEFF: I think we have con-
28 cluded that factual education is really the only ans-
29 wer and we have talked about this within our Committee
30 and we intend to get involved in this more extensively.

1 As the body of knowledge increases it should be possible
2 to be more factual in our educational efforts and assum-
3 ing people continue to be rational it would appear
4 that that would be the logical route to go.

5 THE CHAIRMAN: Do you feel that the
6 present approach of the law has any bearing on your
7 efforts to gain acceptance of factual information or
8 to treat this from an educational perspective?

9 MR. MONCRIEFF: I would have to say I
10 don't really know the answer to that. It would only
11 be hearsay, really.

12 THE CHAIRMAN: But it is not a matter
13 that the club, members of the club, have discussed or
14 concerned themselves with?

15 MR. MONCRIEFF: No, we actually have in
16 our club the local Chief Crown Prosecutor and he is
17 actively in favour of it and we have managed to get a
18 lot of co-operation through the City Police in distri-
19 buting the literature, etc. Although I might point
20 out that there have been other organizations doing --
21 attempting to carry out similar work, who apparently
22 have had difficulty in this area.

23 THE CHAIRMAN: As a club you have always,
24 as I understood, been interested or concerned about
25 activities for young people generally. Do you see this
26 drug use today as having any relationship to the exis-
27 tence of alternative activities or recreational facilities?

28 MR. MONCRIEFF: That is a leading ques-
29 tion, I think, because it ^{certainly} has been suggested that this
30 could be the case. I've heard many interviews carried

1 out ^{with} teenagers in which they said this was the case.

2 But I would say that we have no answer on that.

3 THE CHAIRMAN: No. But what is your --
4 in other words, you don't have any particular observa-
5 tion on it from your contacts with other ---

6 MR. MONCRIEFF: I can't imagine that
7 would be the case in Edmonton but it might be.

8 MR. STEIN: In a very quick perusal of
9 this, and, you know, only in the few minutes I stopped
10 listening to your comments, one of the questions I
11 would have is, would it be fair to say that for your
12 -- from your point of view non-medical use of drugs,
13 that is, the use of drugs without a doctor's direction
14 is abuse; is synonymous with abuse?

15 MR. MONCRIEFF: That would be the
16 standard, yes.

17 MR. STEIN: This runs through the
18 theme here that with a doctor's direction drugs may
19 be okay without--and you include all of the drugs?

20 MR. MONCRIEFF: That was my interpre-
21 tation of the literature and that is the basis upon
22 which I felt we were acting, yes.

23 MR. STEIN: Thank you.

24 THE CHAIRMAN: How do the members of
25 your club feel, Mr. Moncrieff, about the general out-
26 look of a lot of today's youth, about their attitude
27 towards established values and our present way of life?
28 Do you discuss that? Do you see that as having any
29 relation to drug use and if so what are your thoughts
30 about it?

1 MR. MONCRIEFF: Well, we do discuss it,
2 but, we are very concerned. Our motto, and it certainly
3 is what we attempt to carry out, "We build", and I really
4 have no answer to that question. We discuss it and we
5 will discuss it a lot more, but at this point in time
6 we have no real sound opinions on that. It would be
7 my opinion, and I'm not really here to express my own
8 personal opinion.

9 MR. CAMPBELL: In the attitude to the
10 non-medical use of drugs, Mr. Moncrieff, do you include
11 all the drugs that we have included as drugs? For
12 instance, we include alcohol, tobacco.

13 MR. MONCRIEFF: In our booth display,
14 and certainly through the words of our counsellor that
15 was employed in our booth, we included many drugs that
16 are not normally thought of being the drugs that are
17 being abused and they certainly included alcohol, no
18 question about it.

19 MR. CAMPBELL: In the educational
20 program that you mount, could you tell me something
21 about the purpose of this education? What do you see
22 as its purpose?

23 MR. MONCRIEFF: I would just have to
24 say that our club has been concerned as a result of
25 what we believe to be a real problem in Edmonton, and
26 internationally; nationally.

27 MR. CAMPBELL: I should rephrase the
28 question. Education could have a number of goals.
29 It could have a goal, for instance, of educating
30 against drug abuse. It could have a goal of providing

1 factual information as free as possible for value judg-
2 ment with the intent of bringing the individual to
3 assess this information and come to a decision. There
4 are many purposes of this sort. I was concerned with
5 the purpose that your club has chosen.

6 MR. MONCRIEFF: The purpose is that --
7 have certainly presented primarily through our litera-
8 ture factual information. However the comic book,
9 "What if they call me, chicken?" would certainly be
10 more, indicating that it is harmful. We would be
11 preaching in that sense that we should not do these
12 things and our counsellor has tended a little in that
13 direction but I would not suggest that we have attempted
14 to educate people pro or con at this point ^{time.} in/ We have
15 tried to be completely factual. ^{what we've been doing.} Rightly or wrongly, ^{that's,} that's,

16 MR. CAMPBELL: Sometimes it has been
17 put to the Commission in our hearings that in an educa-
18 tional thrust when it comes to presenting factual infor-
19 mation this can be seen ^{being of} as/two sorts; there is the
20 very direct scientific information that this drug
21 affects blood pressure in this way, affects perception,
22 and so on. Another area of the fact is that of the
23 subjective report of the drug user about his experience
24 and it has been put to us that drug education should
25 include this. Could we have your judgment?

26 MR. MONCRIEFF: Well, I don't know.
27 The first area that you mentioned, that being the
28 highly scientific etc., I think that appears to be lost
29 on a lot of the kids that I talk to; it does not seem
30 to work. They seem to know all they want to know. In

1 the second area it seems to lend an aura of curiosity
2 to the whole subject. I really would have to again
3 dodge your question in that I really do not have -- the
4 club does not have an opinion on this. Again, it would
5 be my personal opinion, and I would have to give it some
6 thought. We are actually just freshmen in this, we've
7 been in it about a year, year and a half and we want to
8 become more knowledgeable as members and take stands on
9 some of these questions that you are asking but we
10 haven't really got the ammunition yet to take such stands.

11 MR. STEIN: In discussing with some of
12 your colleagues in Vancouver who are with the Drug Alert
13 Committee there, some of these questions, I asked them
14 whether their concern was focused on young people in
15 particular since it seemed that the literature being
16 passed out was directed to the young people or whether
17 there was a concern about excessive alcohol use, for
18 example, among businessmen or excessive barbiturate or
19 various kinds of pill use by people in their own age
20 group, and I got a very distinct feeling of uncomfortable-
21 ness from that group. They were quite honest to say that
22 they had not really thought very much about adult drug
23 usage.

24 MR. MONCRIEFF: The type of counsellor
25 that we retained, and we were very careful in this, and
26 the type that we would retain in the future, I would
27 suggest would have the broad gauge outlook because the
28 only reason we have focused on the younger people to the
29 extent which you infer--and actually in Edmonton we
30 haven't, we have dealt equally with parents, adults, and
perhaps even more so--was perhaps, it was more popular

1 or something, and it became the emphasis. But no, we
2 recognize these other areas and actually, we have had
3 discussions and correspondence with the Government
4 Commission on -- I can't recall the name, abuse^{of}/alcohol,
5 drugs etc., and they are interested in talking with
6 us further and we are interested in learning more from
7 them and I think that is all I have to say on that.

8 MR. CAMPBELL: From your point of view
9 do you find from your reading of chapter 2 of our
10 Interim Report--could you give me an evaluation of that
11 chapter as an educational tool?

12 MR. MONCRIEFF: I would have to re-read
13 it, quite frankly. The letter I received from the
14 Commission referred to--^{that}/I would have a copy of the
15 material but I did not get the material.

16 MR. CAMPBELL: The report was not avail-
17 able to you?

18 MR. MONCRIEFF: The club has one, yes.

19 THE CHAIRMAN: Any other questions or
20 statements for Mr. Moncrieff?

21 Thank you very much, Mr. Moncrieff.

22 We call now on Reverend Edward Checkland
23 and Mr. David King, of the Edmonton & District Council
24 of Churches. Reverend Checkland is the Chairman of
25 the Social Action Committee and Mr. King is Research
26 Director of the Council of Churches.

27 THE PUBLIC: I do not believe that they
28 would be here before the 3:30 time you suggested.

29 THE CHAIRMAN: I'm wondering, in the
30 circumstances, if we could screen the film which is to

1 be presented by the Alberta Department of Education. I
2 have got here that it will take 28 minutes and this may
3 be a convenient time to put it on. Is the Department
4 here?

5 We have run into a little scheduling
6 difficulty, apparently, because the first scheduled
7 brief was not here and the others have more or less
8 planned to be here at a precise time given to them.
9 We are looking for the Representatives of the Alberta
10 Department of Education. Their equipment is set up
11 here, but I will just read the list of other names off
12 in case there is someone here and it may be them.

13 Mr. John Faulkner, is he here? He is
14 scheduled.

15 Are you here, Mr. Faulkner? If you might
16 hold yourself in readiness we might have to call on
17 you. If that is all right with you, thanks.

18 We will just wait a bit to see if we
19 can find the Representatives of the Alberta Department
20 of Education.

21 Would you like to come up now, Mr.
22 Faulkner?

23 We have a heavy schedule here and we
24 really can't afford to lose much time.

25 MR. FAULKNER: If I could, before I
26 start on my own brief, I wanted^{to} make a comment on
27 what Mr. Moncrieff had to say, but I did not get to a
28 microphone in time.

29 Mr. Moncrieff seemed to be of the
30 opinion that their actual pamphlet had been of some

1 great benefit in elucidating the problem and that it
2 had been well received, but my own experience has been
3 in talking to the kids is that the O.D.A. Pamphlet has
4 only served to polarize the situation further in that
5 the pamphlet itself is by no means neutral. It is very
6 definitely anti-drug and anti-grass. The fact is that
7 the kids laugh at the pamphlet. To them it is only
8 another example of the stupidity and hypocrisy of society
9 and the patronization of the do-gooder groups. And, of
10 course, to the parents it only confirms in them their
11 deep-seated fears about the insidious nature of drug
12 use. So that the total result is that the polarization
13 is increased and legitimate educational ventures are
14 made less effective.

15 THE CHAIRMAN: Could you be a little
16 more specific. We are trying to understand what
17 should be done about drug education and the value of
18 current drug education programs. Could you be a little
19 more specific in your reference. What do you find
20 to criticize in the pamphlets, specifically? Do you
21 have a copy of it, by the way?

22 MR. FAULKNER: No, I must confess it
23 has been a matter of months since I have seen it.

24 THE CHAIRMAN: Would you like a copy
25 just to refer to?

26 MR. FAULKNER: I can't find the speci-
27 fic thing that I was thinking of, but such things as;

28 "A user may find that he has
29 developed a very strong desire to
30 continue to use the drug even

though he may want to quit."

And it goes on to suggest that very little is known about marijauna use, that you are taking a chance, that drug use in general is a cop-out, that anything which allows you to escape from life is bad, this business of rebellion and drug use as a manifestation of rebellion, a little bit of puritanism in here about the desire for pleasure. Things like this. It was just my general impression in talking to young people that to them certainly, O.D.A. was not neutral and that they were not so much interested in presenting completely factual information as attempting to construe the situation so that kids would stay away from it.

14 THE CHAIRMAN: But is this, do you
15 think, based on an assumption -- to what extent would
16 this be based on an assumption as to the motives behind
17 any drug education program? I mean, we are always
18 being told about this problem of credibility and some
19 of the people who are involved in drug education say,
20 "Well, look, if we are not going to adopt an open mind
21 and judge the material on its merits, how can we ever
22 overcome the problem of credibility if there is going
23 to be an assumption that anyone who engages in this
24 field is engaging in it with a biased perspective." I
25 am not suggesting that this is necessarily the case
26 here, but do you think that it may be?

27 MR. FAULKNER: Of course, there is an
28 assumption on the part of young people and I think it
29 is an assumption that they are justified in making,
30 because over the years most of the educational programs

1 that have been launched have been of this nature.

2 I have just found the passage I was
3 thinking of before: "If you use marijauna you are
4 supporting directly, or indirectly
5 a criminal activity and directly,
6 or indirectly coming ^{contact with} into/an ele-
7 ment of criminal society. The
8 Committee on Mental Health and the
9 Committee on Alcoholism and Drug
10 Dependence reached the conclusion
11 that marijauna is a dangerous drug
12 and as such is a public health
13 concern."

14 Now that, quite regardless of the
15 fact whether that is factual or objective or otherwise,
16 it certainly is not viewed in that light by young people
17 because they overwhelmingly believe, and this is one
18 of the concerns in my own survey that I did, was to
19 determine exactly how young people felt about the use
20 of marijauna and amongst those who had used it, at
21 least, they were almost unanimous in saying that if it
22 wasn't harmful at least it was no worse than what mom
23 and dad do every Friday night.

24 THE CHAIRMAN: What do you think should
25 be the object of drug education?

26 MR. FAULKNER: Well, to allow people to
27 make intelligent decisions about drug use on the basis
28 of factual information.

29 The problem with most of the educative
30 efforts to this point is it has, as I am sure you have

1 been told by thousands of people, that you know, they
2 lie to us about grass and maybe they lie to us about
3 everything else too. So that if you tell people what
4 they consider to be blatant out-and-out lies about
5 something which they feel that they have not as much
6 experience but more experience than you do, in the use
7 of marijauna, then obviously they are going to question
8 the credibility of those efforts.

9 DR. LEHMANN: Would you think that
10 booklets like this would have a higher credibility if
11 they would include a chapter on alcohol, for instance,
12 showing all the bad effects of alcohol?

13 MR. FAULKNER: I'm not sure that they
14 didn't mention alcohol, but ---

15 DR. LEHMANN: In that case, of course,
16 it would be quite true that marijauna may not be worse
17 than what mom and dad are doing on Friday night, drinking,
18 but still, it is all stated here. In other words,
19 there is no -- the booklet, it does here, probably,
20 state the bad effects of alcohol so there is no parti-
21 san attitude then. They don't say, "You must not do
22 it, but your dad can do it"?

23 MR. FAULKNER: I'm not sure that I
24 follow.

25 DR. LEHMANN: Well, you said that what
26 the kids get out of this is, you musn't take marijauna;
27 you musn't smoke it because it is illegal and it is
28 bad for you. Now, you say, "Well, they may accept it
29 as bad for you but on the other hand it isn't any worse
30 than what mom and dad are doing, namely, drinking."

1 Therefore, this is a one-sided kind of biased presenta-
2 tion. But it isn't really biased, is it?

3 MR. FAULKNER: Well, who can say whether
4 it is biased. I don't think I am qualified to say
5 that their saying "It is a dangerous drug" is biased.
6 I, personally, feel that it is and I know that people
7 who use drugs feel that it is. And this, after all,
8 is what we are concerned about, is -- regardless of
9 what is being written down here we are concerned with
10 the effect of this of the people we are trying to
11 reach, not on some abstract construction of the article.

12 DR. LEHMANN: So your criticism is it
13 just doesn't communicate properly; it makes the kids
14 laugh and whatever information might come from it is
15 not properly absorbed; is that right?

16 MR. FAULKNER: That is the substance
17 of it, yes.

18 Perhaps I could move on then to my
19 own submission.

20 Now I apologize for not having this
21 available for you before now, but I completed it
22 Sunday and spent three days attempting to find someone
23 who could tell me how to get it to you and no one
24 could, so I brought it today.

25 Quite a few of the speakers before
26 the Commission have suggested that the laws relating
27 to drug use have had the effect of increasing the
28 alienation of youth, but of course, all of this was
29 gut feeling and not backed up by any sort of evidence
30 so it was my concern to hopefully make some faltering

1 first steps to analyzing/a more qualitative way
2 exactly on how much truth there was in this assertion;
3 that is, some people have said that the drug laws and
4 the police inforcement of these laws is a major cause
5 of alienation amongst young people because they become
6 paranoid; they become secretive; agents provocateur
7 are sent amongst them. Other people have said, "Well,
8 no, although there are figures which show the propor-
9 tion of young people who do use drugs do hold these
10 attitudes", that is, anti-society, anti-police attitudes,
11 that all the figures prove is that people who are
12 alienated are more likely to use drugs. So in an
13 attempt to determine which was the case I conducted a
14 study, and I must confess, I am not a trained psycholo-
15 gist, I am a law student, but I did have some help in
16 the preparation of the questionnaire and in the scoring.
17 And if you can turn to the second appendix it will give
18 you an example of the questionnaire. And what it was
19 concerned to do was to ask the kids -- this was in
20 high school -- what their attitudes were towards the
21 police, what their attitudes were toward law and
22 courts, and what their attitudes were towards society,
23 and more especially, why they held these attitudes. I
24 also attempted to co-ordinate other things into this,
25 such as use of drugs and their opinion of drug laws
26 and so on. And in order that the students wouldn't
27 know that the first study related to drug use I went
28 into long-winded explanations that these were two
29 different studies and were being presented only for
30 the sake of convenience. So that when I asked, "What are

1 your views of the police² and asked why; they wouldn't
2 automatically put down, you know, "because they are all
3 nuts" or something of that description. So the results,
4 if you can turn to the tables in appendix A, there
5 were 155 people involved in this survey. It was at
6 a Catholic high school and I did this for a variety
7 of reasons. One of the reasons was that in studies
8 that I had read, notably the Blum Study, they suggest-
9 ed that drug use was in fact lower in Catholic institu-
10 tions, they reported approximately 10% lower use, so
11 I felt that any results that I might achieve there
12 would be at least as significant in other places and
13 also this other school draws its students from well
14 and economically sound areas so the kids would be
15 less likely to be alienated for the more traditional
16 reasons, and in particular, they would be more -- or
17 they would be less likely to come into contact with
18 the police over other matters.

19 Now, I divided the people into those
20 who were drug experienced and those who had used drugs
21 five or more times. I felt that as far as attitude
22 changes that these would not become apparent in a
23 person who had only very experimental use with drugs.
24 And this worked out to be 38% of the total sample were
25 drug experienced. Forty-five per cent had used
26 some drugs but their drug use was very halting. The
27 average age of these people surveyed was about 16-1/2
28 years and they were -- the average grade was approxi-
29 mately grade 11.

30 Table B shows the drugs that they had

1 used. It was my impression that these kids were
2 fairly economically well-off and that they were into
3 some pretty good dope. They reported rather typical
4 usage of most things, except I think their use of
5 psychedelics was higher than had been reported else-
6 where. Forty-five per cent indicated that they used
7 these on a less than one shot -- or more than a one
8 shot basis, although about 15% of the people who said
9 that they had used psychedelic indicated that they
10 no longer used them.

11 THE CHAIRMAN: Excuse me, this is of
12 the total percentage of 45 -- total of 45% who have
13 had some drug experience?

14 MR. FAULKNER: This is 45%, that is
15 correct.

16 Now, as regards use of these various
17 substances I had no way of knowing whether in fact they
18 all had things like psilocybin, for example. Quite
19 a few people reported use of this, but in making
20 inquiries it appears that very little of this is
21 available so probably the people who reported use of
22 things like psilocybin had very likely had cheap acid
23 or something of that description.

24 MR. CAMPBELL: Your answers on opium,
25 would that -- there are some kinds of rumours of opiated
26 hash and things like this. Did you get answers from
27 people who had thought they had used this to the opiate
28 question?

29 MR. FAULKNER: I don't know whether it
30 was opium but they reported it was opium and it was

1 difficult to determine, but I think at least most of
2 these people who had used opium more than once were in
3 one group and that they hadn't used the opium locally,
4 that it had been out of town when they had used it.

5 MR. CAMPBELL: But it was opium as
6 opium and not opium mixed with another drug, smoked?

7 MR. FAULKNER: Smoked.

8 Now, the findings as regards the atti-
9 tude were quite significant, I thought. Most of those
10 who were drug experienced disliked the police and some
11 of them disliked them intensively. You will notice
12 that almost 75% of those who had used -- 75% of those
13 who had used drugs on some extensive basis disliked
14 the police and they didn't just dislike them, you know,
15 mildly, a lot of them were violently opposed and their
16 attitudes could only be described as revolutionary.
17 And I have included some of the more typical responses
18 of the very unfavourable category. More importantly
19 when I asked them why they disliked the police a very
20 significant number gave, as at least part of the reason,
21 the fact that the police were enforcing the drug laws
22 and enforcing them in ways in which they considered
23 unfair and quite a few of them referred to their exper-
24 iences with narcs, very typical responses being ones
25 shown on the top of page 5. They were, perhaps, to the
26 point of being murderous in their views of the
27 narcotics agents. Some of them felt that there had
28 been a narc in their school and I wasn't able to con-
29 firm this. But almost all of the drug experienced
30 persons disliked the police and you could notice that

1 almost all of these persons had had some experience
2 with friends of theirs being arrested. Of the drug
3 experienced people 92% knew someone who had been arrest-
4 ed for a drug offense. Now this might -- these people
5 might have been the same 4 or 5 people, but despite that
6 almost all of these knew someone who had been arrested
7 and of this group they were almost uniform in their
8 condemnation of the police activity. The only people
9 who were drug experienced, who had expressed a favourable
10 attitude toward the arrest of anyone for drugs were
11 those who personally disliked the person who was arrest-
12 ed.

13 MR. STEIN: Do you have any analysis of
14 the 7% who were not drug experienced who were either
15 slightly favourable or very favourable about -- towards
16 the police?

17 MR. FAULKNER: What their particular
18 responses were?

19 MR. STEIN: Yes.

20 MR. FAULKNER: I did put those in at
21 some point. They were mostly to the affect of, "We
22 need them", or "Where would we be without the police",
23 or "They are not perfect but ---", things of this
24 nature.

25 MR. STEIN: What about the comments
26 of the 25% -- that's what I estimate it to be, anyway --
27 approximately 25% who were drug users who had favourable
28 comments to make about the police. What kind of things
29 did they say?

30 MR. FAULKNER: They were similar to

1 that, they felt that there were draw-backs, but on an
2 over-all view they certainly wouldn't advocate doing
3 away with police. And, if you will notice also that
4 very high proportion of the drug experienced people
5 felt that the drug laws were selectively enforced, 89%
6 to be precise. In their attitudes towards the law
7 and the legal system they ran rather closely parallel
8 to the acts of the police and a lot of them mentioned
9 other things beside drug use. There are a fair number
10 that mentioned Traffic Court and things of this nature.
11 But of the 80% of the drug users who had unfavourable
12 attitudes toward the law and the legal system a very
13 high percentage mentioned, at least in passing, that
14 the police -- or pardon me, the Court handling of drug
15 offenses was offensive to them.

16 THE CHAIRMAN: What is the meaning of
17 the choice in table 1, page 3, between "harmful" and
18 "about the same as alcohol" and "not harmful" -- table I,
19 excuse me, on page 3. What distinction is meant to
20 be conveyed there and how can one interpret the answers?
21 For example, the drug experienced, none of the drug
22 experienced say it is harmful but 21% say it is about
23 the same as alcohol, 77% say it is not harmful. ^{that mean?} What does/

24 MR. FAULKNER: Well, of the people ---

25 THE CHAIRMAN: Is alcohol not regarded
26 as harmful or is it intended to mean ---

27 MR. FAULKNER: Because I was trying to
28 elicit answers without suggesting answers I was not
29 able to use a multiple choice type of questionnaire
30 so there were a great number of different responses to

1 questions and they had to be objectivized. But, I
2 think that the people who said that it was about the
3 same as alcohol I feel that it was about the same as
4 alcohol. /it was okay, ^{Under a form of use} but abused, it was definitely
5 not all right. That was what they said, ^{they said} /it was about
6 the same as alcohol.

7 THE CHAIRMAN: That may be understand-
8 able but are we then to interpret "harmful" as meaning
9 that it can't be used except with a harmful effect?

10 MR. FAULKNER: I'm not sure that I
11 follow you.

12 THE CHAIRMAN: You said you would
13 interpret "about the same as alcohol" to mean -- and
14 this was your own description of alcohol, that it can
15 be used in a way that is not harmful but if abused it
16 may be harmful. So I ask you whether the word "harm-
17 ful" as one of the choices there as distinct from
18 "about the same as alcohol", whether "harmful" is to
19 be interpreted as meaning that it cannot be used
20 except with harmful effects?

21 MR. FAULKNER: Again, this "harmful"
22 category took in a ^{number of answers,} large /- but I think what was
23 meant by that was ^{that it was} /less desirable in society than
24 alcohol, not that there is no possible way of using
25 it without harm.

26 DR. LEHMANN: It is just a continua-
27 tion, then. It is more harmful than alcohol; is that
28 what you mean?

29 MR. FAULKNER: Most of these tables
30 are designed in that way because the answers were in

1 essay form.

2 DR. LEHMANN: So, if you had put that
3 it was "more harmful than alcohol" or just "as harm-
4 ful as alcohol" you would have gotten the same answers?

5 MR. FAULKNER: You mean if we had had
6 a multiple choice?

7 DR. LEHMANN: I see.

8 MR. FAULKNER: Is that what you mean?

9 DR. LEHMANN: Yes -- well no, no, instead
10 of just harmful you could have said "more harmful than
11 alcohol"; and then the next "as harmful as alcohol" and
12 then the next "not harmful" and "no opinion".

13 MR. FAULKNER: I think those who said
14 it was harmful were ^{not drug}/experienced but then again, it
15 has been a while since I scored this thing. But I
16 think their attitude was not that it was debilitating
17 or physically harmful but just simply that it had more
18 potential for abuse than alcohol.

19 Now, the attitudes towards society, there
20 was
20 / very little favourable response toward society amongst
21 either group in actual fact, but
22 even here some portion of the drug experienced people
23 mentioned, at least in an illustrative way, the reason
24 they were down on society was because ^{of}/, for example,
25 society's hypocrisy in allowing the use of cigarettes,
26 alcohol and not allowing the use of marijauna or that
27 society was attempting to enforce its idea of morals
28 upon them; things of this nature. So that the total
29 result of the whole thing was that the drug laws and
30 police enforcement of those laws are in fact a major

1 force in contributing to the alienation of youth, that
2 although these persons may be alienated to an extent
3 use and it but
prior to drug / makes them more prone, / once they had
4 started to use drugs the efforts of the law to get
5 them to stop had caused a very marked degree of paranoia
6 amongst them. If I might add at this point, when I
7 went into the school there were -- during the day that
8 I was there -- about 7 or 8 kids had come up to me and
9 engaged me in conversation and in attempts to find out
10 if I was a narcotics agent, so they are definitely
11 worried. They feel that the "pigs" are out to get them.

12 THE CHAIRMAN: Why does your question-
13 naire have the question, "Why is 'speeding' illegal?"
14 Is that a trick question?

15 MR. FAULKNER: No, that bears some
16 explanation. I was referring to speeding in motor
17 vehicles. I made that clear to people who took the
18 test.

19 THE CHAIRMAN: But it is in quotes
20 there.

21 MR. FAULKNER: Speeding, well, all right,
22 it is in quotes. But I did explain it and the reason
23 I asked this question is because one of my arguments
24 has been that any law which makes a very large propor-
25 tion of at least some sub-group in society, at least
26 technically, criminals as the marijauna laws do, cannot
27 help but have ill effects. So the come-back to that
28 was, "Well, 40% of the population tear about in a
29 reckless fashion in motor vehicles," and this does not
30 seem to have had the same effect on the overall respect

1 for law and the legal system that I claim the marijuana
2 laws have had. And this is because whilst a very
3 large proportion of people do speed in motor cars,
4 they are fully prepared to sanction other people when
5 caught -- that is, they support the speeding laws
6 although they will rationalize their own conduct, "I
7 was in a hurry" or something like this, still, all in
8 all, they support speed limits because they can see
9 the potential for harm if they were done away with.
10 This is why I was asking, to see if they differentiated
11 between various laws and this is also why I asked
12 them their views on heroin and most of them were pre-
13 pared to continue the legal ban on heroin.

14 DR. LEHMANN: Why were they prepared
15 to do this?

16 MR. FAULKNER: Well, they said that
17 it destroyed body and soul and, as such, efforts to
18 eradicate it were justified. It is interesting too,
19 because they did not seem to have -- the only two
20 drugs that anyone suggested had these type of effects,
21 deleterious effects, were speed and heroin.

22 DR. LEHMANN: How do you explain the
23 fact then that heroin is apparently making inroads
24 into high schools if the general attitude toward it
25 is that it destroys body and soul?

26 MR. FAULKNER: All right, I said "most",
27 not all and I think in this particular school the
28 kids were better informed than most. I think a typical
29 student in that school would have at least a white
30 collar father and many of them had doctor fathers and

1 things of this nature so that they were in a good a
2 position as any to assess the effects of various drugs.
3 But they were by no means unanimous on heroin either.
4 But certainly most of them were ^{in no} way interested in trying
5 heroin.

6 MR. CAMPBELL: How did you select this
7 sample in the high school?

8 MR. FAULKNER: They were selected on
9 the basis of approaches that I made to the school and
10 they were done in rooms where subjects normally taught
11 during that period were compulsory, we more or less
12 drew the rooms out of a hat. We did it in a room such as
13 ^{Studies} Social/where everyone had to take the course. I had
14 a chance -- the original plan was to go ^{aro}nd and I was
15 going to go into all the sociology classes, but I
16 thought that this might flaunt the survey in some
17 respects because you could make the case that a certain
18 class of students would be more likely to take
19 sociology, a more socially aware student.

20 MR. CAMPBELL: When you went into
21 the class you gave the questionnaire to all of the
22 students in that particular room at that time?

23 MR. FAULKNER: Yes. And they all
24 prepared answers and they were all -- I only found
25 two or three which I thought had been done as a joke.
26 Overall the response was very good. I don't know why,
27 perhaps because I was somebody different and they said,
28 "Well, okay, we will give him a fair shake." But it
29 seemed like the overall response was very good and
30 people wrote voluminous answers and some of them were

1 very well thought out.

2 THE CHAIRMAN: You make a statement
3 towards the end of your written submission here on pages
4 11 and 12 as to the impression you received on visiting
5 the school. It says you were impressed by the almost
6 electric atmosphere of the place.

7 "A deep current of unrest ran
8 through the student body - their
9 mood can best be described as
10 anarchistic. Both students and
11 teachers seemed to sense that the
12 school was not working."

13 Is this a comment on the educational system?

14 MR. FAULKNER: Yes. I did not mean
15 this to have any great effect on my findings but it
16 just seemed that you could draw your own conclusion,
17 but my own feeling was that from the time I myself
18 went to high school that the attitude in the school
19 had changed. Exactly what percentage of that change
20 is caused by the activities of the school authorities
21 in attempting/^{to} ferret out drug users, I don't know.
22 But certainly a large number/^{of the students who} responded to the survey
23 didn't have very much good to say about the admin-
24 istrations/^{of} their schools in relation to the stand on
25 drug use.

26 I can understand the schools being
27 to it,
28 opposed/but when I went to school they were firmly
29 opposed to people using alcohol. But there was not
30 anywhere near the same resentment among the students.

THE CHAIRMAN: Were you speaking there

1 then of the school's attitude on drug use and the
2 students' attitude on law enforcement or were you
3 speaking about the educational system, generally?
4 That is what I want to understand; that is a very
5 strong statement.

6 MR. FAULKNER: These particular few
7 paragraphs refer pretty well to the whole spectrum,
8 that is the attitudes of the kids, the attitudes towards
9 everything in general. I'm not attempting or suggest-
10 ing that you draw any conclusions.

11 THE CHAIRMAN: How can we fail to
12 attach some -- at least feel some concern about such
13 a strong statement. You go on to say, "How much longer
14 both will continue to go through the motions is
15 hard to assess." We hear a lot of criticism about the
16 educational system but what can be constructively done?
17 What did you have specifically in mind? It is such a
18 general indictment but there is nothing we can grab
19 onto. We can't find anything constructive to think
20 about in that. It can't all be bad.

21 MR. FAULKNER: It was not my concern
22 to launch into^a condemnation of the school system. I
23 don't want to be placed in the same position as Mr.
24 Stein, this morning. And I have taught school myself
25 and I have pondered the problem at some great length,
26 but it was just my feeling that the attitudes of the
27 kids in the school were not productive. The students
28 felt that they were just wasting time. The teachers,
29 and I talked to some of the teachers at a fairly
30 considerable length, their attitude was that--some of

1 them, I think, felt that they were just in the position
2 of keeping the lid on the volcano, that they were not
3 really -- I think they knew deep inside that they were
4 not really doing a lot of good for the kids. The kids
5 are so skeptical of any approach which is made ^{to them} by the
6 staff that I think the staff at most schools is dis-
7 couraged and the kids are completely out of touch; you
8 can't reach them.

9 Now, as far as my own feelings on
10 schooling, I don't really want to get into that but
11 I think that a much more (Summer Hillian) type of model
12 would be much more to my personal liking. But that I
13 do not think is either here nor there in regards to
14 the problem I came to present. That is the effect of
15 the drug laws themselves.

16 MR. CAMPBELL: Well, just the same,
17 what is your feeling; what is going on in school? Why
18 is this happening, what lies behind it?

19 MR. FAULKNER: It is difficult to
20 assess whether this is confined to the schools or
21 whether it is a general thing in society. But I think
22 that the students simply feel that the things that
23 they are being taught are irrelevant, that the values
24 that the schools are trying to inculcate them with
25 are values which they cannot agree with, it is just
26 general
a/overall skepticism on their part.

27 MR. CAMPBELL: Do you have any feeling
28 of the extent to which this is something spontaneous
29 or something that is learned?

30 MR. FAULKNER: I think that good or bad,

1 a rather large proportion of what people think is
2 there by way of some sort of osmosis, the general
3 flood of information from the media, from the peer
4 groups and whatnot and that definitely does rub off.
5 There is no question about that.

6 THE CHAIRMAN: Gentleman at the micro-
7 phone?

8 THE PUBLIC: I would just like to say
9 a few words about schools, and I sort of agree with
10 what this man is saying here. It seems that school
11 is sort of something that you do sort of in the pur-
12 suit of objective knowledge. But with all the pro-
13 blems of the world it just does not seem that what you
14 are getting in schools is objective knowledge. And I
15 guess what this Commission is all about is objective
16 knowledge, but I don't seem to be able to make any
17 sense out of it.

18 THE CHAIRMAN: Sense out of what?

19 THE PUBLIC: Well, the Commission, I
20 guess. It doesn't seem to have any starting point,
21 doesn't seem to be any sort of premise, doesn't seem
22 to be any sort of tolerance for anybody's ideology.
23 It is a really tough job, I guess. You know what I
24 mean?

25 THE CHAIRMAN: I'm not sure I do, but
26 have you read the report of the Commission?

27 THE PUBLIC: No, I haven't.

28 THE CHAIRMAN: Are there any other
29 questions?

30 THE PUBLIC: I find that most young

1 people who are on drugs take it because they are bored
2 with school and life and so I strongly suggest that we
3 have more clubs and meetings at school to discuss how
4 to make the school^{and}/life more interesting, like we
5 try to do in our school and others. We should have
6 courses in school to show the young people what in
7 the future is required for them to live a good life
8 and maybe some young people will say, "Well, life is
9 an easy thing with unemployment and welfare, etc." And
10 we don't need jobs or education." But after the course
11 they might get different points of view on life and
12 say, "We don't need to have a drug charge to be famous.
13 There are other things in life."

14 Thank you.

15 THE CHAIRMAN: Thank you.

16 MR. MONCRIEFF: I would just like to
17 make one point to rebut, on behalf of the Kiwanis.
18 What kids do when they laugh in a group is one thing,
19 but when they come back later as individuals and legi-
20 timately request information ~~on~~ that they laughed at
21 previously in a group is another thing. And I witness-
22 ed this for many days during the summer. The same
23 kids this gentleman ^{as} is talking about/having laughed
24 about the O.D.A. Program etc., maybe did say -- maybe
25 did laugh in response to these questions but many of
26 those kids, hundreds of them actually, thousands
27 perhaps, manifested legitimate interest in getting
28 this information at the time that they got it and did
29 come back many times individually, separate from the
30 group, ^{when} they originally came to the booth.

1 THE CHAIRMAN: Dr. Anderson?

2 DR. ANDERSON: Yes, I would like to
3 corroborate just what Mr. Moncrieff said, and also in
4 direct -- my experience has just been the direct oppo-
5 site from what the speaker here indicated in the school
6 and I have spoken in well over a hundred schools through-
7 out the province and I have found just the opposite
8 effect, a real sense of desire to get at the truth, and
9 for co-operation. I get none of the things that he
10 talked about -- I got none of the things he talked
11 about at all, that is, on the whole; there is always a
12 group, but I'm just saying its entirely the opposite
13 in well over a hundred schools that I spoke to over
14 the past summer and in the last year.

15 And also I would like to say, in regards
16 to that pamphlet--and I'm not a Kiwanian, but what
17 would he prescribe for the people -- I agree when he
18 says the people who use drugs sort of didn't -- this
19 wasn't -- this pamphlet didn't appeal to them and I
20 think that's right, it doesn't appeal to people who
21 use drugs, but what about the majority of people who
22 do not use drugs? What about the information that is
23 given to them by this pamphlet and other means too?
24 Isn't this legitimate information? And if it isn't
25 what other information would you give to these kids,
26 the majority who do not use drugs and who are honestly
27 out after factual information as far as that informa-
28 tion can be factual? What other source or material
29 would he suggest?

30 THE CHAIRMAN: Would you like to answer

1 that?

2 MR. FAULKNER: Well, in the first
3 place in any drug education program we can't write
4 off the users because these users are the peers of
5 the non-users and their attitude and their -- the
6 information imparted by these people has a much
7 greater effect than any O.D.A. pamphlet you can come
8 up with. So that if you are able to give these people
9 ammunition so that they can shoot down the educational
10 efforts, then these pamphlets do more harm than they
11 do good.

12 THE CHAIRMAN: Gentleman at the micro-
13 phone?

14 THE PUBLIC: Yes, I would like to make
15 a couple of comments, one to try to reconcile a little
16 bit between the controversy we've got going between
17 Mr. Faulkner and Mr. Moncrieff and Dr. Anderson, here,
18 by suggesting that some of our school children are
19 adept at responding to the people who stand in front
20 of them; Faulkner and I have beards and fairly long
21 hair and Dr. Anderson and Mr. Moncrieff don't. I
22 talked to high school groups myself in two capacities,
23 one as a professor of psychology, which is what I do
24 most of the time, and the other as a jazz critic which
25 is what I do some of the time. As a jazz critic when
26 I talk to kids like that and start out talking about
27 jazz or rock music and go on from there it doesn't
28 take me very long before I hear them say things like
29 they can't believe anything they read in the newspapers
30 or watch on television because anything coming from the

1 Establishment is a lie. And where do they get their
2 ideas from? Where do they make up their ideas about
3 the world? From their friends, from rock music, and that
4 kind of thing, but certainly if it's in the Edmonton
5 Journal it has got to be wrong. When I talked to them
6 as a psychologist, though, they are very serious and
7 they're interested in careers and plans and "Where can
8 I get more information" and "Tell me ^{more} about that kind of
9 thing" and so ^{on.} So, I ^{both the} actually get responses, I think,
10 that Dr. Anderson and Mr. Faulkner were referring to
11 depending upon which role I happen to be playing.

12 The other comment I wanted to make
13 sort of addressed the question that Dr. Anderson raised
14 of those other kids who don't use drugs. I've
15 had some enthusiastic students in the past few years
16 who have been interested in finding out how high
17 school students feel about drugs and problems like
18 alienation, alienation not in the social sense Mr.
19 Faulkner has been looking at it but in the personal
20 sense of feeling lonely, estranged from the world and
21 so on. They've designed some questionnaires and
22 smuggled them into the Edmonton ^{high} schools which is
23 technically illegal but I don't have complete control
24 over my students and we have got some interesting
25 figures on the amount of students who admit to having
26 used drugs and we are getting some -- I haven't analysed
27 this data fully and I will, Mr. Moore, be very
28 happy to send them to you as soon as I have the analysis.
29 We have some indication that those students
30 who say that they don't use drugs also say that they

1 don't do anything. They don't smoke, they don't
2 breathe polluted air, they don't drink, they don't
3 think thoughts that are unusual from other people,
4 they love their mothers and they respect their fathers.
5 I get a pattern -- it's only suggested at the moment
6 and I can't really swear to it, but I sort of got the
7 feeling these are very rigid people, the ones that
8 say that they don't use drugs and they are very narrow,
9 very hemmed in. I don't know -- I imagine giving them
10 scare information or prejudiced information would
11 just contribute to that rigidity in some way.

12 MR. CAMPBELL: I would like to raise
13 a matter with you about these types of responses.
14 Let's, just to simplify things, talk in two types of
15 responses. You can have a response that is appropriate
16 to a life field, appropriate to a body of experience.
17 Now, the alienation that we are hearing talked about
18 here could be a widespread response that is perceived
19 as appropriate to the setting of the school, it could
20 involve a great many factors. At the same time it
21 could be a fad; it could be a fashionable thing to
22 say; making the same sort of distinction, perhaps, that
23 people may be able to parrot a political slogan or a
24 religious set of beliefs or have a real belief that
25 comes out of the whole of their lives. I think it
26 is rather an important^{thing}/to try and get some sense of what
27 these attitudes to schools are; to what extent is this
28 fad; to what^{extent}/is it just the thing one does say as
29 everyone else is saying, you are told to say it and
30 you are living up to an expectation or to what extent

1 is it a much more genuine and real, and appropriate
2 feeling? Do you have any sense of this?

3 THE PUBLIC: No. On the basis of data
4 I have I certainly couldn't discriminate between that
5 -- on the basis of my contact with people I'm afraid
6 my own prejudices sort of get in the way of the way
7 that I would try to evaluate responses along that
8 dimension. My own prejudices run so strongly toward
9 not telling other people what to do that when I see
10 somebody telling other people what to do or not
11 to do I think they must have some kind of ulterior
12 motive there or there must be something wrong with
13 them in the most extreme sense. So that I tend to
14 come up, I suppose, with -- well, when somebody says
15 "You shouldn't take drugs because it's bad for you," now
16 that's nice. And when somebody says that you shouldn't
17 run over other people with your automobile because it's
18 against the law and so on.

19 MR. CAMPBELL: What do you feel about
20 other people who say you shouldn't like school because
21 it's bad for you?

22 THE PUBLIC: Same thing. And I would
23 look at it that way, certainly. But I really don't
24 get that much of it. There is some of this social
25 pressure. I think when I talk about getting ^{an} indication
26 from my data, ^{students} that/who don't admit to using drugs
27 don't admit to anything and become very rigid, I think
28 this is defensive in part.

29 THE CHAIRMAN: ^{would you say} What/about the people
30 who say, "I wouldn't lean against that fence, you may

1 fall off the balcony"?

2 THE PUBLIC: Yes, there are times and
3 places. I mean, there are certainly -- we don't live
4 our lives all by ourselves. It seems to me there are
5 a lot of people who spend more time worrying about
6 other people than they do about themselves, and this is
7 the kind of thing that I get a good deal of from all
8 sorts of other people, again, who say, "No, they would
9 never use drugs", and so on, and they again are the
10 ones who are likely to say, "It's bad for everybody,
11 nobody should do this", and so on. And, sure, I'm
12 willing to grant that they shouldn't. I'm not going
13 to make a big issue that they should drink alcohol
14 and so on. Most of the kids in schools do that, of
15 course. I don't really see why they should "insist!"
16 with an exclamation point -- that its a bad thing
17 for other people to do it.

18 THE CHAIRMAN: Would you go so far as
19 to suggest that there should be no effort to inform
20 people of risks and thus by implication dissuade them
21 from certain conduct?

22 THE PUBLIC: I hope I never said any-
23 thing that gave that impression. Again, the kind of
24 dissemination of factual information that the
25 Commission, in particular, has been doing, if I may
26 say so, I think your report is delightful-- I am
27 entirely in favour of this. But, the moralistic
28 kinds of judgments which are immediately tacked on
29 to these by most people and not by yourselves are
30 the kinds of things that lead to this defensiveness

1 on one hand that comes from the drug using, almost
2 majority, not quite majority, but almost majority,
3 and make everybody get up tight in the sense that
4 Mr. Faulkner is.

5 MR. FAULKNER: If I could respond to
6 Mr. Campbell's question--whether the students come to
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8 (Page 177 follows)
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1 it spontaneously or whether it is inculcated it is, in
2 fact, real and it is more real than you and I know of.
3 I felt myself I was suffering from severe generation
4 gap when I went into the school. The kids are defin-
5 itely turned off. Now, it might have started as a
6 fashionable thing; it might have started as the thing
7 to talk about when there was nothing else to talk
8 about, but it has become, because of the abundant evi-
9 dence which people are able to see about them, a real
10 and constant danger and threat. You know, if you are
11 the Establishment you are on / hot seat at the present
12 moment.

13 MR. CAMPBELL: But deciding where
14 the source is can be vitally important in determining
15 what the wisest response is.

16 MR. FAULKNER: True. But, I think that
17 the actual pattern would be that this is in part
18 suggested to people, but on looking around they are
19 able on their own to see rather abundant evidence to
20 back this up in their own mind so that it is not --
21 it is certainly not a matter of solving the problem
22 removing a few by/rabble-rousers and burying -- or burying them in
23 in order to rid ourselves of a menace--
24 quick lime or something, it's a matter of getting into
25 much more deep-seated causes.

25 THE CHAIRMAN: Thank you very much,
26 Mr. Faulkner.

27 I call on Reverend Edward Checkland
28 and Mr. David King of the Edmonton & District Council
29 of Churches, and following their submission we will
30 see this film presented by the Alberta Department of

1 Education.

2 Someone at the microphone?

3 THE PUBLIC: I am a student and there
4 is a couple of things that I have been -- well, I want
5 to clear up if I can. Like, the man who talked last
6 was speaking of the students being turned off and things
7 like that. Well, like, I don't see it like that because
8 the students look around them at their environment and
9 the people that are running their environment and a
10 lot of these people, they say -- they see as doing
11 things they can see a great wrong with, like, there is
12 a lot of people that are doing good things for them
13 that are making life easier and making life clearer
14 for them to see such as you people that are, you know,
15 work hard and get a report, a factual report and an
16 unbiased report and say, "Well, this is what we've
17 seen" and like, the kids take these kinds of reports
18 and they read them and they say, "Well, this is very
19 good". And then somebody from the upper administration
20 comes along and says, "Well, that is fine but we can't
21 put that in" and that is it and they don't see it
22 again. And this is what alienates them and makes them
23 think, "Wow, look, at these guys went to all this work
24 to bring out something good about dope for once and
25 then nobody listens to them". So they are alienated
26 from the forces what they think are doing bad things
27 so they either stop working for society^{altogether} and just go
28 out to have a good time and go to completely other
29 sources to help build their own society such as getting
30 into school^{things} and trying to get what they want through

1 other channels and just saying to themselves, "Well,
2 look, if the political trip is as we see it, isn't
3 doing anything and there are too many hassles with
4 kind of political things coming in and party politics
5 and everything, then it is just not worth fiddling
6 around with", so they will just go into other scenes.
7 I guess that is about all I wanted to say, just that
8 the kids are not apathetic and they are not turned
9 off to life and to what they want to do. They are
10 just turned off to a lot of people that are presenting
11 themselves with bad images.

12 THE CHAIRMAN: Thank you.

13 Reverend Checkland?

14 REV. CHECKLAND: Thank you, Mr.

15 Chairman.

16 In our appearance before you during
17 your last visit to Edmonton we were concerned to
18 raise for you a perspective concerning the non-medical
19 use of drugs which had not, we felt, been too fre-
20 quently presented to you. In brief, that perspective
21 concerned itself not so much with the social effects
22 of the non-medical use of drugs as with the non-medi-
23 cal use of drugs as an effect of our society, and as
24 a symptom of the malaise which is afflicting the
25 industrial, scientific, technological society that
26 the western world has become.

27 In presenting that perspective to you
28 we made the following points: a strong contributing
29 factor to the non-medical use of drugs in our society
30 is the commodity mind that dominates it; the use and

1 abuse of drugs is symptomatic and more a result than a
2 cause of bad social effects; the use of drugs as a
3 social matter is, in the western world, largely
4 associated with the rise of the industrial order, giving
5 rise to the question "Why has the use and abuse of
6 drugs increased rather than declined in precisely that
7 area of the world which has been most successful in
8 combatting disease, ignorance and poverty?"; that in
9 considering the non-medical use of drugs we need once
10 again to draw upon one of the founding traditions of
11 the western world, but of late largely ignored within
12 it, namely the Biblical.

13 Having read your Interim Report we are
14 of the opinion that the points raised in our submission
15 still need close and careful consideration and in
16 this submission, we would like to focus attention upon
17 the point which is raised in your report and which, to
18 our minds, is the most crucial one dealt with in that
19 document; namely, the role of law in attempting to
20 deal with this serious and vexatious question.

21 Before doing so, however, we desire
22 to express our appreciation to the Commission for
23 the work that it is doing and for the Interim Report.
24 Whatever may be our points of agreement or disagree-
25 ment with the Interim Report we are happy with its
26 reasonable approach and tone. We note particularly
27 that the Commission has held out no false hopes for
28 quick and easy solutions and that it has plainly
29 stated that the matter is one for the people of
30 Canada themselves to become involved in. We believe

1 that the Commission's judgment that the legalization
2 of marijuana or significant changes in the legal status
3 of other drugs is not at the moment wise or possible
4 is correct. While we are prepared to accept provision-
5 ally the Commission's recommendations that simple
6 possession should not be subject to imprisonment, that
7 discretion be exercised to reduce the impact of crimin-
8 al law on the simple possessor, and that cannabis be
9 a matter dealt with under the Food and Drug Act rather
10 than the Narcotics Control Act with a reduction in
11 penalties, we observe, while recognizing the prelimin-
12 ary nature of the Commission's report, that perhaps
13 the perspectives in which the Commission has made its
14 recommendations need broadening to make possible in its
15 final report rather more substantial recommendations.

16 We note the Commission's recommendations
17 for research yet to be done but we respectfully suggest
18 that an over-emphasis on research may itself turn out
19 to be a false hope of reaching solutions that may
20 amount to little more than panaceas for ^a highly complex,
21 diverse and subtle problem. Research on such matters
22 is, after all, usually possible only when the problem
23 has reached epidemic proportions and frequently turns
24 out to be an example of locking the barn after the
25 animal has escaped.

26 We return, therefore, to the point in
27 the Commission's Interim Report which we believe has
28 become crucial; namely, the role of the law. The role
29 of the law can only be considered and decided in the
30 light of a fundamental ethical perspective. This we

1 take to be the implication of the fact that the
2 Commission itself has drawn attention to the John
3 Stuart Mill thesis and the present Hart-Devlin contro-
4 versy growing out of it. From press reports of the
5 hearings of your Commission subsequent to the publica-
6 tion of your Interim Report we gather the impression
7 that others who have appeared before you have focussed
8 upon this, particularly those who would go all the
9 way with Mill's contention "that the only purpose for
10 which power can be rightfully exercised over any member
11 of a civilized community, against his will, is to
12 prevent harm to others". Superficially this seems
13 eminently reasonable, particularly in view of the fact
14 that Mill specifically exempts children from the appli-
15 cation of this principle. Yet over against this Lord
16 Devlin has propounded the thesis that "society is
17 entitled by means of its laws to protect itself from
18 dangers whether within or without". Against Devlin's
19 thesis Hart has alleged that in relation to drug crimes
20 the issue is not that of law and morals but rather the
21 protection of the individual against himself. On the
22 whole, we are prepared to agree with the Commission's
23 summing up of this controversy as expressed in the
24 following statements:

25 "We cannot agree with Mill's the-
26 sis that the extent of the state's
27 responsibility and permissible
28 interference is to attempt to
29 assure that people are warned of
30 the dangers... We also subscribe

1 to the general proposition that
2 society has a right to use the
3 criminal law to protect itself
4 from harm which truly threatens
5 its existence as a politically,
6 socially and economically viable
7 order for sustaining a creative
8 and democratic process of human
9 development and self-realization."

10 We believe, however, that the issue
11 needs to be taken somewhat further than either Hart
12 or Devlin have taken it, or that the Commission itself
13 has yet taken it. To us a much more careful and
14 searching examination of what is meant by "society...
15 as a politically, socially and economically viable
16 order for sustaining a creative and democratic pro-
17 cess of human development and self-realization" is
18 needed.

19 This, we believe, involves a pro-
20 foundly critical examination of the view of society
21 on which Mill's thesis rests and which may be, for
22 convenience described as laissez-faire. Following
23 his father, James Mill, and Jeremy Bentham, John
24 Stuart Mill believed that a politically, socially
25 and economically viable order for sustaining a
26 creative and democratic process of human development
27 and self-realization is that in which the least
28 possible government interference with private action
29 is allowed. In Europe during the late eighteenth
30 and early nineteenth centuries this appeared to be a

1 reasonable stance. It continued to seem reasonable
2 in North America for a much longer period than that,
3 and to many minds still appears to be reasonable
4 though there is considerable confusion as to its
5 application. Many who would uphold it in the economic
6 order will not countenance it socially particularly in
7 relation to drugs. Others who plead for its applica-
8 tion to drugs are much less happy with it as applied
9 to the economic and political orders.

10 The assumption underlying Mill's thesis
11 is, we suggest, that the only institution capable of
12 any real interference with individual activity was
13 the state and the prime preoccupation was with the
14 interference of the state in matters economic. Again,
15 in the late eighteenth and early nineteenth centuries
16 that appeared to be a reasonable assumption. In the
17 twentieth century, however, it is simply a preposterous
18 notion. In political, social and particularly in
19 economic matters the state has become less and less
20 effectual. The present crisis in Canada could hardly
21 have arisen had the state been the effectual instrument
22 that Mill imagined it to be. Indeed, there are sociol-
23 ogists who maintain that in the twentieth century the
24 state has become almost totally ineffectual as an
25 instrument of social change. It would appear that
26 many of the so-called "activist" young share this
27 opinion which is why they are rather disdainful of
28 the question often put to them by their elders --
29 somewhat plaintively it must be admitted -- "But, what
30 is your alternative?"

1 Our point is that vast new powers have
2 arisen in our society in science, in technology and
3 in industry and that a very searching critique of the
4 nature and exercise of these powers must be undertaken
5 by responsible groups and initiated among the people
6 to gain and disseminate the necessary understanding
7 that can provide the basis for constructive action and
8 for dealing with their effects, of which the rise of
9 the drug cult is but one.

10 To illustrate the point that the drug
11 cult has arisen as one consequence of these vast new
12 powers we point out that the essential principle of
13 the position taken by the Mills, father and son, and
14 Jeremy Bentham is that known as "psychological hedonism".
15 These men were convinced that the pursuit of happiness
16 by the individual was the sole point of human life and
17 the only purpose for the existence of a civilized
18 community. Men exist to enjoy themselves and their
19 communities exist to provide and support that enjoyment.
20 The Utilitarians could not conceive of any point or
21 purpose to human life other than that of one's own
22 enjoyment. We suggest that this narrow pre-occupation
23 with private happiness was the direct consequence of
24 the mechanistic perspective in which the minds of
25 men had been molded by the dominance of science over
26 them. If the universe or men are to be regarded as
27 machines or mechanisms - and that is how science regards
28 them and must regard them - then utilitarianism becomes
29 the only viable philosophy because the only kind of
30 enjoyment conceivable for a machine or mechanism is

1 that of use, total and untrammelled. Since each man
2 is in himself to be understood as a machine or mechanism
3 that total and untrammelled use which is the only en-
4 joyment possible to him must be given the fullest
5 possible scope.

6 But some machines are more effective
7 and more powerful than others. The consequence has
8 been that men ordering their society on the mechanistic
9 model have created vast machines for whom men as lesser
10 machines are considered to exist. Yet so necessary is
11 the existence of men to these vast machines that their
12 activity has been disguised as a means of serving the
13 private enjoyment of men. This comes through our
14 television screens in such slogans as "Serving you in
15 so many ways" while the company making that pretense
16 is doing its best to discourage people from using one
17 particular service. More blatantly the true situation
18 peeps out in another slogan lately seen on the tube
19 "You can't afford not to be Dodge materials".

20 It is, we believe, entirely likely
21 that the sudden appearance and the swift rise of the
22 drug cult among youth is the consequence of their
23 having been able to see more clearly than previous
24 generations the ultimate working out of psychological
25 hedonism as a total denial of any truly human life.
26 No other alternative than psychological hedonism being
27 readily available, they have taken up what seems to
28 be the only means of realizing and increasing the
29 meagre satisfactions offered to them by this present
30 world.

1 In honesty and in fairness to the
2 Utilitarians, particularly the founders of that school,
3 we should point out, however, that they did assume
4 certain controls would operate to keep psychological
5 hedonism in bounds. Bentham believes, for example,
6 that four external sanctions, physical, political,
7 moral and religious, would produce actions in accordance
8 with "the greatest good of the greatest number" and
9 "each to count for one and none for more than one".
10 It is hardly necessary to labour the point that the last
11 two mentioned sanctions have been of no great effect
12 in western society for some time now and that it is
13 apparent that the effect of the second is becoming less
14 almost daily. For the decline of the moral and reli-
15 gious sanctions we readily accept that the church
16 has considerable responsibility. Had she been prepared
17 to be properly involved in the political sanction it
18 is likely that the joint influence, as distinct from
19 their several influences, of the latter three, would
20 have gone far to keeping under control the totalitar-
21 ian domination which the physical sanction now has
22 over western society. As it seems to us, therefore,
23 the role of Law can only be considered adequately in
24 the light of the morality which is accepted by the
25 society. To this extent we agree with Lord Devlin but
26 we are by no means as sure as he seems to be that the
27 morality of western society can any longer be called
28 Christian. He believes that as a practical matter
29 that assumption must be made, as indicated in his
30 comment that the reformer need not consider the truth

1 of the Christian religion, but only whether it can
2 be dispensed with. Lord Devlin thinks that it can-
3 not. As pleasurable as it would be for us to agree
4 with His Lordship on that point, we have frankly to
5 say, however, that the facts make clear that it has
6 been dispensed with. The ethic which dominates our
7 society is not one that can be designated Christian
8 or even simply human. It is the ethic of the machine
9 and its consequence has been that western society
10 operates according to a highly sophisticated form of
11 the law of the jungle, namely, that what we have the
12 power to do we have the right and even the obligation
13 to do.

14 Unless this question of the dominant
15 ethic of western society is squarely faced in its
16 deliberations we do not believe that the Commission,
17 in considering what is meant by a "society...as a
18 politically, socially and economically viable order
19 for sustaining a creative and democratic process of
20 human development and self-realization", can arrive
21 at any more or other than merely palliative measures.
22 Without considering the question of ethical perspective
23 any legal reforms or amendments that may be offered
24 will be mere tinkering with the machine very much as
25 we all have to tinker with cold and balky engines
26 on a frosty morning.

1 We regret, therefore, that we do not
2 have anything to suggest to you that might be described
3 as more "constructive", but we deeply believe that
4 the question of what stone the builders of our society
5 have accepted and what they have rejected is fundamental
6 to the matter you are considering and to your delibera-
7 tions in making your final report. If, then, we are
8 asked, "What is our alternative to the psychological
9 hedonism of our society?", we can only point to the
10 mind of Him who described the happy as the poor in
11 spirit, they who mourn, the meek, they who hunger and
12 thirst for righteousness, the merciful, the peace-
13 makers, and they who are persecuted for righteousness'
14 sake.

15 We thank the Commission for the hearing
16 it has given us and express the hope that we may have
17 made some contribution to your deliberations. We are
18 grateful to the Commission for its efforts and we
19 assure you of our interest and prayers.

20 Thank you.

21 THE CHAIRMAN: Thank you very much
22 indeed, Reverend Checkland.

23 Mr. King, would you care to add any-
24 thing to what Mr. Checkland said?
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1 MR. KING: No, I don't think I would,
2 unless there are questions and comments that I can
3 react to.

4 THE CHAIRMAN: Any questions or comments?
5 Gentleman at the microphone?

6 THE PUBLIC: I would like to ask Rever-
7 end Checkland--I want to point very much to the issue
8 at stake here. Is it his belief, or does he regard it
9 as a Christian belief, that the state has a right to
10 interfere in people's lives because they are inherently
11 sinful and intend to do wrong unless they are properly
12 guided, or does he feel that individuals have a right
13 to make decisions that affect primarily themselves?

14 REV. CHECKLAND: Well, as a general
15 proposition, without considering what application you
16 may have in mind, I would say that I personally and the
17 Church generally, feel that people have to have the
18 right to make decisions that affect themselves for
19 themselves.

20 THE CHAIRMAN: Young man at the micro-
21 phone, there?

22 THE PUBLIC: When a kid is being charged
23 with possession or use of drugs, instead of charging
24 him and sending him to jail, they should look for a
25 cause: Why does he take drugs? A problem in the family?
26 With school and other people? They should look for a
27 cause.

28 THE CHAIRMAN: Thank you.

29 THE PUBLIC: I have another point.
30 Parents should be taught the effects and dangers of
drugs. If your child took drugs, what would you do?

1 THE CHAIRMAN: That is a question that
2 should be put to parents?

3 DR. LEHMANN: How do you mean this,
4 you said parents should be taught the dangers of the
5 drugs and then you say, "if your child took drugs what
6 would you do? That is another question, really. What
7 should parents do if their children do take drugs and
8 that -- well, one thing is to teach the parents what
9 the drugs do. Another thing is to teach them what
10 they should do if their children take drugs; is that
11 what you mean?

12 THE PUBLIC: Yes.

13 DR. LEHMANN: How would you teach the
14 latter? It is easy to teach them if they would want
15 to learn what the drugs do, but how would you teach
16 them what they should do if their children take drugs?

17 THE PUBLIC: Well, the parents should
18 get to know their children. What I mean is they
19 should talk with them; know their language; know the
20 meaning.

21 DR. LEHMANN: They should talk with
22 them?

23 THE PUBLIC: Yes.

24 DR. LEHMANN: A very good suggestion.

25 THE CHAIRMAN: Thank you.

26 Lady at the microphone?

27 THE PUBLIC: I'm Barbara Shaeffer of
28 the Department of Psychiatry at the University of
29 Alberta and I would like to comment on the legaliza-
30 tion question, if I may. I agree with these gentlemen

1 that is the most important question standing before us,
2 probably, and I have three points that I would like
3 to make about it. One is, I have read in my role as a
4 psychologist the various studies rather carefully
5 particularly those by Weil, et al, Stone and Jones,
6 Crancer and so forth and think that the judgments and
7 assessment that your Commission has made of these
8 studies is quite valid and that the studies in general,
9 if I may make my own personal comment now, don't seem
10 to indicate any great harm in marijuana. This is the
11 only drug I am talking about right now.

12 The second point is, I have talked in
13 rather extensive detail with approximately 30
14 university age people and older who have used mari-
15 juana rather extensively and feel from just my opinion
16 of their description, again, that there is no great
17 harm and there is certainly less harm than alcohol
18 when used under similar circumstances.

19 The third one has to do with some
20 research I have been engaged in for about seven years
21 with another drug which is not normally used by young
22 people to give them ^ahigh or anything else. The drug
23 is strychnine. However, recently, fairly recently, it
24 was reported to me strychnine is being used as an
25 adulterant in some of the other drugs and this is a
26 fairly reasonable thing to happen since very small
27 doses of strychnine do activate the central nervous
28 system. However, of course, large doses kill you.
29 Upon this report, hearsay report, from others in my
30 environment that strychnine was being locally used as

1 an adulterant I checked with the local police and the
2 R.C.M.P. The only factual bit of evidence which I was
3 able to obtain was from the local provincial analyst
4 who said, ^{yes,} strychnine had ^{been} found on analysis in a locally
5 produced sample of LSD, supposedly LSD. However, the
6 children who had made this administered it first to a
7 or cat, I've forgotten which,
dog/and the animal died so they didn't take it. I
8 have many other hearsay reports of strychnine as an
9 adulterant in these substances although I have no other
10 factual evidence. On the basis of my research for 7
11 years with strychnine I would be extremely concerned
12 if this were being used as an adulterant for a variety
13 of reasons: One, it takes an extremely minute dose to
14 get an effect with strychnine. Larger doses cause
15 convulsions and even a moderate dose will kill. A
16 small dose will kill. Many people are able to exper-
17 ience convulsions and not die but appear --and animals
18 appear to suffer damage from doing this. One
19 of the points that my research apparently has established
20 is that even effects of very, very small doses of strych-
21 nine depend on the past
/experience of the rat which is my experimental animal,
22 the past experience of the rat, the richness of their
23 brain, complexity of their environment before they
24 have taken the drug and the same dose of drug in animals
25 from a complex environment will improve their perfor-
26 mance and behaviour whereas in animals from an impover-
27 ished environment will cause them to be absolute
28 morons and become emotionally disturbed under the
29 drug. So for all of these reasons I would advocate, for
30 these and other reasons, legalization of marijuana.

1 THE CHAIRMAN: Thank you.

2 MR. STEIN: To return to your brief,
3 on the final page, page 8, you indicate that the ethic
4 which you say dominates our society, I'm reading from
5 it,

6 "...namely, that what we have the
7 power to do, we have the right
8 and even the obligation to do."

9 Then you go on and you infer that we have to face this
10 -- implications of this and in some way collectively,
11 we the Commission and you, the rest of us in Canada,
12 I gather you are saying to us, "Try and think through
13 something else or come past this to some other per-
14 ception of what the dominant ethic ought to be", is
15 that it?

16 REV. CHECKLAND: Yes.

17 MR. STEIN: I was very dissapointed that
18 you left the stage without giving us some glimmering
19 of what you may have taken as your feeling and thoughts
20 on this might be.

21 REV. CHECKLAND: I thought I gave a
22 glimmering in the last paragraph.

23 MR. STEIN: Could you spell out the
24 glimmering a little more, then?

25 REV. CHECKLAND: It refers also to
26 the fourth point I mentioned at the beginning
27 of the submission. To me the alternative to what we
28 have is the Biblical tradition as one of the founding
29 traditions of our western society and one of the
30 real reasons why we are in the bind that we are in
is the neglect of this tradition. Now, I don't need

1 to go into ^I/suspect, for your benefit, the reasons why
2 we got into this neglect. But if you want to put it
3 in other terms sooner or later each person and each
4 society has to make a choice and I think quite deliber-
5 ately and consciously as to what it regards as ultimate.
6 And fundamentally there are only two basic choices; one
7 is process; the other is person. Both are acts of
8 faith. Nobody is going to prove it one way or the
9 other. But you get one world if the choice is process,
10 process, either consciously or default. The possi-
11 bility of a radically different world exists if the
12 choice is person, consciously. That is the kind of
13 answer I think I would have to give to your question.

14 THE CHAIRMAN: One of the difficulties
15 I find, though, Reverend Checkland, in drawing con-
16 clusions from your suggestion here, is that this ethic,
17 Christian ethic, may be regarded as a frame of refer-
18 ence for social or public policy and as such we know
19 that it has been difficult to get agreement on specific
20 measures of public policy in the Christian community.
21 I mean, I have had, personally, quite a lot of exper-
22 ience in the kind of work you are in and that kind of
23 committee. We know how people can, in good faith,
24 differ very strongly on what should be a public policy
25 on a particular issue both arguing from the framework
26 of the Christian ethic. On the other hand, Christian-
27 ity is a personal faith and the relationship may have
28 a bearing on motivation and indeed -- it has been
29 said to us, constitute an alternative to drug use.
30 That's another frame of reference in the individual's

1 right as an active agent. But as a framework, theoret-
2 tical framework from which we can draw conclusions as
3 to what should be the public social policy in respect
4 of drug use, I wonder if we really can ---

5 REV. CHECKLAND: May I comment first,
6 Mr. Chairman?

7 THE CHAIRMAN: --- Get to an agreement
8 on that point.

9 REV. CHECKLAND: I'm very conscious
10 of the point of trying to get agreement. I would
11 like to first of all point out that I am not advocating
12 a Christian ethic or the Christian ethic. My own
13 personal position on this is that there is no such
14 thing. There are Christians trying to be ethical but
15 I don't think that the Christian faith necessarily
16 contributes in any theoretical sense at least an
17 alternative to other ethical systems as such. What I
18 have in mind, and I think what many members of the
19 Council which I represent have in mind is referred
20 to very indirectly in the report where I referred to
21 the failure of the Church to uphold the moral and
22 religious sanctions as referred to by the Benthamites.
23 In relationship to the political order. Now part of
24 the problem we have got now is that the Church attempt-
25 ed to dictate. I think the Church is now at the point
26 where it is quite ready to see that it cannot dictate
27 and it should not ~~make~~ (inaudible) ~~themselves~~ themselves
28 and it has a responsibility to be involved in the
29 dialogue of the political, social and economic orders
30 and so that the people who ought to operate within

1 these orders and make the decisions in these orders
2 will be present to them, which will not automatically
3 come out of the normal perspectives in which they tend
4 to make their decisions, which are fairly narrow range
5 dimensions. And I quite agree with you that there is
6 no way I can tell you or that any Church body can tell
7 you what ought to be the so-called frame of reference
8 from which people make this -- make ethical decisions.
9 But our fundamental concern in presenting this to you
10 is not to advance that, it is to really get out in the
11 open and quite explicitly, the fact that -- as reflected,
12 I think, in the Hart, Devlin controversy that you
13 cannot decided what the role of law is apart from some
14 ethical perspective, otherwise it becomes a purely
15 technical, mechanical device and that is even more
16 productive in this particular issue of controversy
17 than the involvment of trying to understand the
18 Christian, or any other kind of ethic. But we do have
19 and our main contention has been that the ethic that
20 does operate in our society is an ethic of a mechanical
21 process rather than personal relationship and that is
22 the source of much of our difficulties, in particular
23 this type of difficulty.

24 DR. LEHMANN: Well, this sounds almost
25 defeatist. What would you do then, since one cannot
26 overnight create another Christian ethical or a moral
27 background for the law, one should just forget about
28 the law or ---

29 REV. CHECKLAND: I would not say that
30 one should forget about the law, but I think that one

1 can endeavour to simply say that a legal prescription
2 is no answer and one of the things that worries me,
3 personally, is that the tendancy in our society when-
4 ever we run into a problem is, / ^{"Let us} handle it by a legal
5 enactment" and I suspect that a lot more problems are
6 created by that kind of thinking than would be created
7 by the attempt to say, first of all, "Let us understand
8 what the problem is, let us see how this affects human
9 beings in their persons, not to deal with the problem
10 as such but to relate to a person who may have this
11 particular problem." But most of our problem solving
12 approach ends up ^{with} / not only dealing with people's pro-
13 blems but treating people as problems.

14 DR. LEHMANN: Well, this means that
15 we are pretty late in looking at the problem. We should
16 have prevented it and should look at the causes and try
17 to deal with them. But that, you would certainly agree,
18 would take a considerable amount of time, now.

19 REV. CHECKLAND: I certainly would
20 agree with that. But now let me give you an example.
21 My friend has given me a copy of a speech by the
22 Director of the Addiction Research Foundation of Ontario,
23 Dr. Archibald and he may have made these facts known
24 to the Commission, I don't know, in which he finds a
25 very high correlation, as a result of studies in four
26 Ontario cities,
27 / between the fact that mothers take tranquillizers and
28 that children use marijuana and other psychedelic sub-
29 stances. He apparently has discovered that there is
30 a very ^{high} / correlation between these two. Now in an
attempt to answer the kind of question that I

1 think you are raising it would seem to me that almost
2 in advance you could be sure that that would be the
3 case, not in terms of the statistics of the thing but
4 simply in terms of human relationships. Children
5 tend to imitate elders.

6 DR. LEHMANN: Excuse me, but it could
7 well be that if the mother finds out that her child
8 is smoking grass she is so troubled that she probably
9 will need tranquillizers, ^{it could be --} and the cause and effect
10 relationship is by no means ---

11 REV. CHECKLAND: I don't think, if I
12 Understand the speech that Dr. Archibald made ---

13 DR. LEHMANN: That may not be his
14 interpretation, perhaps, but it is open to --

15 REV. CHECKLAND: Well, no, it was
16 the twenties and thirties that were called the aspirin
17 age and I think that the grass age is simply a pretty
18 close consequence of the twenties and thirties.

19 THE CHAIRMAN: There is a lady at the
20 microphone.

21 THE PUBLIC: First of all, you are
22 saying to deal with them as a problem, that is the
23 main reason why youth today are alienating themselves
24 because you are saying, "Here, you are a problem so
25 I have to deal with you in a certain way", right?
26 You are not relating to them on the basis that you
27 would a friend, say.

28 REV. CHECKLAND: I hope I did not
29 create the impression that I thought people should be
30 treated as problems. It was quite the opposite.

1 THE PUBLIC: I mean if they are using
2 drugs.

3 REV. CHECKLAND: I was drawing atten-
4 tion to the fact that what we tend to do is to treat
5 people as problems and this, I think, is a source of
6 a lot of the difficulty.

7 THE PUBLIC: Right.

8 REV. CHECKLAND: And is a source of
9 what you referred to as alienation.

10 THE PUBLIC: Right. It is because -- a
11 man a while ago was talking about the problem at the
12 school, is that, I think, from 12 to 20, the age of
13 people now and say 10 years ago, when I was a 12 and a
14 12 year / old that I have come in contact with recently, he is
15 so much more involved than I was when I was 12 and the
16 schools are not. And that is why there is such a
17 difference.

18 REV. CHECKLAND: You may be right. All
19 that I can say in a comment about the schools is that
20 as a parent of three teenage boys I'm constantly aware
21 of the fact that nothing in my educational experience
22 from grade 1 up to graduate studies tells me what it
23 is like to be in a school today.

24 THE PUBLIC: Well, let me ask you a
25 question. If one of your teenage sons came up to you
26 and asked you if you would smoke marijuana with him,
27 would you?

28 REV. CHECKLAND: No, I would not.

29 THE PUBLIC: You wouldn't?

30 REV. CHECKLAND: No. Because I do not

1 consider that that would necessarily be a way of re-
2 lating to him as a person any more than if I would go
3 to him and ask him if he wanted to smoke a pipe with
4 me. I smoke a pipe quite frequently but I don't ask him
5 because that is not a condition of my relationship
6 to him.

7 THE PUBLIC: Anything is a condition of
8 relationships.

9 REV. CHECKLAND: I don't think he
10 should make smoking marijuana or anything else a condi-
11 tion of his relationship to me. It is a free and open
12 acceptance. If he came to me and said that he was
13 smoking marijuana I think I would be rather upset.

14 MR. KING: Are you saying that your
15 relationships with people are conditional upon their
16 doing certain things for you or to you?

17 THE PUBLIC: For the most part I would
18 have to say, yes.

19 REV. CHECKLAND: Then I would have to
20 say that you are really treating them as problems.

21 THE PUBLIC: No, no, no. I am not.
22 I am treating them as -- okay, I know up to now what
23 I have gone through and for the most part the people
24 that I come in contact with have gone through, maybe
25 not all, but something similar, right? So I can relate
26 to them very easily. And even people -- okay, I will
27 have to say straight people because everybody else --
28 but, I was straight once too, right? So I know
29 where they are at, right? And I don't treat them in
30 a way that is suppressing. Straight people have the

1 they --
2 thing where/it is not looking down but it is -- I don't
3 for it. feel that you
4 know the word/ But you/are underneath, right? When
5 I'm talking to somebody who feels that their way is the
6 only way, right?--right away I know what I have to do
7 to be able to talk to that person or he is not going
8 to talk to me.

9 MR. STEIN: Do you look down on straight
10 people?

11 THE PUBLIC: No, I don't.

12 MR. STEIN: You don't?

13 THE PUBLIC: No, I don't.

14 MR. STEIN: Do you look down on people
15 that don't smoke marijuana?

16 THE PUBLIC: I don't look down on
17 anybody.

18 MR. STEIN: But you make -- how was
19 that question worded -- someone asked you did you require--

20 THE CHAIRMAN: Would it be fair to say
21 that you are emphasising the importance of common
22 experience as a means of mutual understanding?

23 THE PUBLIC: It would make it easier.
24 I'm not saying that everybody has to go out and stick
25 a joint in their mouth, I'm not saying that. But I am
26 saying that you can't expect to understand people if
27 you don't want to put yourself in their place.

28 REV. CHECKLAND: May I make a comment
29 on that, Mr. Chairman. It seems to me you may be
30 confusing here what is meant by ^ahuman experience.
Because I smoke a pipe and somebody else smokes a pipe
does not mean that we share a human experience.

1 THE PUBLIC: I realize that.

2 REV. CHECKLAND: The experience of being
3 human is sharing one's self with the other person.

4 THE PUBLIC: Okay. That is what we
5 want to get to.

6 REV. CHECKLAND: But that should not
7 be conditional upon smoking marijuana anymore than it
8 should be conditional upon drinking liquor.

9 THE PUBLIC: Okay, but wait a minute.
10 The minute that you know somebody smokes marijuana
11 there is that big wall right in front of us. Right?
12 Is there not?

13 REV. CHECKLAND: No, I don't think so.

14 THE PUBLIC: I'm not talking about you
15 in particular. I'm talking about people in general.
16 'Cause like I've got long hair and I wear mad outfits
17 people walk around me, not to me.

18 REV. CHECKLAND: This could be true
19 in certain cases, yes, but I would think that ---

20 MR. KING: Before we talk about
21 how this could^{be}/ overcome, let me ask you what you
22 think causes it, why when you are walking down the
23 street ---

24 THE PUBLIC: Okay. The Reverend was
25 talking about machines before, and like, I am not
26 saying, and I have to use another term "hippies",
27 are necessarily on the right road, right? But you
28 said that what we need now in our system is truth,
29 essentially; right?

30 REV. CHECKLAND: That is one way of

1 putting it in general terms, yes.

2 THE PUBLIC: And I am saying I can
3 talk for a number of people but I can't talk for all
4 the people that I know, but we are looking for that
5 too. The machine ^{is} / -- I can't say a complete result
6 but it is part of the result of causing this suppression,
7 especially in the schools, ^{that} / is felt, because if I was
8 a teenager right now and went back to school, I would
9 probably leave right away because they are not
10 giving me anything that is making me go. I'm not
11 knocking knowledge. Objective knowledge is good and
12 we need it. But we also need the contact on the same
13 level for everyone. Because, I need to know that some-
14 body out there can talk to me on the level that I am
15 and get a response out of me that makes me feel that
16 I want to talk to him some more.

17 REV. CHECKLAND: May I ask you a
18 question, here? What I hear coming from you is the
19 complaint that you are not being treated as a person,
20 am I correct?

21 THE PUBLIC: Not me, individually, but
22 I know people who aren't.

23 REV. CHECKLAND: Well, with reference
24 to long hair and that sort of thing?

25 THE PUBLIC: Okay.

26 REV. CHECKLAND: I think you are right
27 at that point, that these are not matters that should
28 be of any real consideration and one of the hang-ups
29 we all have, the great difficulty we have ^{is} / in seeing
30 the other as persons and in treating the other as

1 persons, and this should be an unconditional matter,
2 not resting upon any particular social convention.

3 THE PUBLIC: Right. Okay. That Kiwanis
4 pamphlet, for example, is a really good example. That to
5 me is society saying,--Oh, (inaudible). It's just
6 straight ahead; there is no side vision. "Look, here's
7 dope, it is all bad. Don't have anything to do with it."
8 Parents especially. Like, I have sat down and smoked
9 with lots of parents and it is really okay because they
10 are willing to try it. I'm not saying, "Become a dope
11 addict." You know, just try it. If you want to. There
12 is no sense pushing it on somebody because that is what
13 they are doing to us, and if we did that to them we are
14 going to get nowhere, right? So, anything that you can
15 do to make other people -- the experience would be the
16 best way because then they could say, "Yes, I like it",
17 or "No, I don't like it", from experience.

18 DR. LEHMANN: But, would you then go
19 so far as to expect of the parents, just in order to
20 communicate well with you, to take the risk of being
21 busted themselves while they are smoking with you? That
22 is what you have just said. Why should they undergo
23 that risk just in order to be able to establish a
24 relationship with you?

25 THE PUBLIC: That is why we need the
26 legalization of marijuana.
27 --- (Applause)

28 THE CHAIRMAN: Thank you.

29 Well, perhaps we might conclude here.
30 Thank you, Reverend Checkland, and Mr. King. We
could see the film now. There are two scheduled

1 submissions after the film, Mr. Stuart Layfield and
2 Mr. Roy Jamha and Mr. Doug Jamha.

3 Are we ready for the film now?

4 THE PUBLIC: Yes.

5
6 --- Upon recessing for film at 4:45 p.m.

7
8
9 --- Upon commencing at 5:15 p.m.

10
11 DR. LEHMANN: Could you tell us how
12 this film is being employed by the Department of
13 Education? Has it been shown, and under what conditions
14 has it been shown, and to whom?

15 MR. SHORTER: The films were just
16 completed, sir, a matter of I believe fourteen days
17 ago. At the present time we have ordered ²⁵/prints of
18 each and they are about to arrive. We have tested
19 both of the films in school situations and Mrs. Ardis
20 Cameron who is beside me has been showing these to
21 many of the counsellors, many of the people involved
22 in the desire to enter drug education or drug abuse
23 education.

24 DR. LEHMANN: Has it been shown to
25 parents?

26 MR. SHORTER: Yes, it has been seen
27 by some very large groups but it is yet to be shown in
28 the setting which we intended it for, which is in a
29 setting of mixed parents together with their children
30 and we hope they will come back to the school in the

1 evenings for this purpose and we've even considered
2 putting it on the commercial film circuit for this
3 purpose, but it's yet to be shown really, practically
4 in that way, although groups^{of parents} and their children have
5 seen it.

6 DR. LEHMANN: Is it intended to have
7 a (discussant) present^{for this} who will lead the discussion
8 afterwards or is it supposed to^{be shown} and then see what
9 happens?

10 MR. SHORTER: That is a very difficult
11 question. Frankly, the discussion that would follow
12 this film is so personal, the topic can be so difficult
13 to lead a discussion in that we would like each parent
14 and each child to work it out for themselves. We are
15 very frightened that this film could be improperly
16 used and perhaps not in the way you think we are
17 frightened. The worst thing that could happen with this
18 film we^{feel would be} for a teacher to show it in a classroom and
19 pretend that they knew all the answers and this film
20 wasn't a surprise to them and that, well, "That really
21 hit me on the head, kids", because we feel that the
22 kids could spot a phony a mile off and we feel that
23 this film has some impact and the leadership of
24 discussion would be extremely difficult.

25 DR. LEHMANN: I'm sorry, I don't quite
26 understand. What would be the risk of a teacher
27 showing it?

28 MR. SHORTER: The risk, sir, is that
29 this film^{comes through} as a very personal film and it is not the
30 kind of teaching you would like to try to institu-

1 tionalize because there is so much individual diff-
2 erence among the students and so much individual diff-
3 erence among the teachers. It's not the sort of
4 thing that we feel you could put a party line on.

5 THE CHAIRMAN: Young man at the micro-
6 phone?

7 THE PUBLIC: You said that the --
8 this film was going to be shown to schools. Could
9 you tell me if they are going to be shown to junior
10 high students to show them what happens, or could
11 you tell me what schools these are going to? Are
12 they going to go to all the schools or are they just
13 going to some schools and in which areas, are they
14 going to go to schools in the poor areas? I would
15 like to know.

16 MR. SHORTER: They are available to
17 all the schools in the province. We recommend the
18 other film which you haven't seen for use in the
19 junior high schools. We recommend this for use in
20 the senior high schools for parents and children.
21 However, . . . the individual schools, the option is
22 left to them and these films will be available to
23 all of the schools. The option is left to them how
24 they want to show it and under which conditions they
25 wish to show it.

26 THE PUBLIC: All right. Thanks.

27 THE CHAIRMAN: Are there any other
28 questions or comments for Mr. Shorter?

29 THE PUBLIC: Well, is this film any
30 part of any special program, and if so, which program

1 is this?

2 THE CHAIRMAN: Mr. Shorter?

3 MR. SHORTER: As far as the whole
4 matter of taking drugs is concerned it comes up on a
5 number of points in the curriculum including various
6 points in the health curriculum and social studies
7 curriculum. This film is meant to be integrated in
8 whatever program the school is offering. It's not meant
9 to be a separate program, it's meant to be tied in with
10 existing programs.

11 THE PUBLIC: Thank you.

12 MR. STEIN: Have you had any contact
13 with other Departments of Education, other provincial
14 departments discussing your interest in making this
15 film or even more specifically would there have been
16 any viewings shown to out of province people?

17 MR. SHORTER: We've had considerable
18 discussions with other departments of education to
19 the fact we were making this film and other branches
20 of the federal government, I might add. At this point
21 we are waiting for print copies because we have
22 requests from all across Canada and I might add nearly
23 every commercial distributor in North America it seems,
24 who are interested in handling the commercial distri-
25 bution of both of the films and you caught us just at
26 the point where we were not fully ^(intact) but there has
27 been a good deal of discussion.

28 MR. STEIN: What was the production
29 cost of the film, approximately?

30 MR. SHORTER: This film cost exactly

1 \$11,000, sir. The other film was at a cost of \$31,000.
2 That's not including print costs and some other costs
3 that are aligned. Both of the films have, I should
4 point out, about a 40 second message from the Minister
5 of Education at the end of them. You were not shown
6 the message at the end of this film today because I
7 had been able to introduce the film. That message
8 was meant to introduce the film so it didn't seem
9 necessary to show that message. I could point out/for ^{that}
10 \$11,000 commercial film makers would say that is a
11 lot of product and there is a good deal of dedication
12 on the part of the young group of film makers and
13 they are not actors, they are people playing themselves
14 and the producers and so on, many of whom are in
15 the audience today who made this film with far less
16 than commercial interest in mind.

17 THE CHAIRMAN: Are there any other
18 questions or comments?

19 MR. STEIN: Just one last one: What
20 was the name of the film?

21 MR. SHORTER: The name of the film
22 was "Film". The other film is entitled "Dawning" and
23 should the Commission we could certainly make copies
24 of each available to them at any time they wish the
25 day after tomorrow when we get the prints in.

26 THE CHAIRMAN: Thank you.

27 Gentleman at the microphone?

28 THE PUBLIC: I just thought this
29 gentleman over here might like to have an opinion on
30 the film.

1 MR. SHORTER: We would love to have
2 opinions.

3 THE PUBLIC: I think it is pretty good,
4 basically.

5 MR. SHORTER: Thank you very much.

6 THE CHAIRMAN: Lady at the microphone?

7 THE PUBLIC: When the film was made,
8 what was the purpose? Why were you making it? When
9 you sat down to make this film what were your ideas
10 on making it and the people that made it?

11 MR. SHORTER: First of all the Cabinet
12 of the province authorized the notion of making it.
13 We had some ideas but I think the specific question
14 you're asking should be addressed to the film producer
15 and he is here and then if he would like to answer
16 the question, I'm sure he would.

17 Mr. Peterson?

18 MR. PETERSON: We put a bid in for
19 this film when the government requested proposals,
20 which was a film to do with drugs. We talked it over
21 among ourselves with the production crew we had in an
22 attempt to decide exactly what we wanted and how badly
23 did we want to do a film, did we want to do a film
24 just for the sake of doing a film or did we want to do
25 a film that we wanted to get involved with and try to
26 communicate some ideas and we came up with the latter
27 and this was what we were after. A number of people
28 that were involved in it, you already heard from earlier
29 this morning, and the whole point of the film is, it is
30 a communicative tool in that we don't have any answers,

1 we don't think either that the people who are playing
2 themselves, as Mr. Shorter put it, had any answers.
3 They were opinions we think, but they were the youths'
4 opinions rather than coming from the so-called medical
5 field or from any of the other learned sources. This
6 is their expression of themselves about how they feel
7 ^{about} the drug scene and how they feel about the whole
8 environment scene and why they get into it.

9 MR. SHORTER: From our point of view
10 we wish to stimulate dialogue just as we are doing now
11 and I think it is in keeping with what has gone before
12 and from what I've heard at the hearing today. Time
13 ^{again,} and time/people have been saying, if only the two sides
14 of the generation if there are two sides, sir, would
15 talk together and this is the purpose of this film.

16 THE CHAIRMAN: Thank you.

17 Mr. Potoroka?

18 MR. POTOROKA: If you should find,
19 since you want this discussed in the classroom, and
20 your periods usually are what, 35 minutes, 36, you are
21 really not leaving much time for dialogue and if the
22 class is going to come back next week to talk about the
23 film they saw last week, the thing -- what I'm getting
24 at is I could see where you could cut this film to one-
25 third of its length and you still have got the essential
26 basis for the dialogue.

27 MR. SHORTER: What would you think, sir,
28 of increasing the periods to twice their length?

29 MR. POTOROKA: Schools' administration
30 might have considerable difficulty and I speak from 18

1 years of experience in Manitoba schools.

2 MR. SHORTER: Unfortunately or fortun-
3 ately, sir, 80% of the high schools in Alberta are on
4 a semester system which means 80 minute periods so
5 in the greater majority of cases they would have a
6 fair amount of time, an hour and twenty minutes.

7 MR. POTOROKA: Is that what is happen-
8 ing now or can happen?

9 MR. SHORTER: That is what is happening
10 now, sir. Eighty per cent of the schools are on
11 semesters now.

12 MR. POTOROKA: And they can have 80
13 minutes?

14 MR. SHORTER: If they feel the time
15 is worthwhile.

16 MR. POTOROKA: But still I will go
17 back to the fact you might have the basis for a
18 dialogue in about one-third of that film and you might
19 consider making a sequel in which a lot of other happy
20 kids who can express themselves just as clearly and
21 just as sincerely, appear.

22 MR. SHORTER: I agree with you, sir,
23 this is not meant to be a definitive film, it's not
24 meant to be a panacea, it's not meant to show the
25 typical teenage if we knew what that was; it's not
26 meant to be showing all sides of view. That's why
27 we have two films and we wish we had 15.

28 MR. POTOROKA: But you want a dialogue
29 of all the sides and you propose to have it just from
30 a selective side, you see.

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and you see,

1 MR. SHORTER: Our experience indicates
2 that dialogues start somewhere and this is as good a
3 place to start as any.

4 MR. POTOROKA: That's right, but it's
5 better when two people with opposite views to indicate
6 how the dialogue starts. You see, my comment is,
7 immediately the actors there present a certain symbol-
8 ism which other actors who might have been in there
9 would have an equal message, who were not given a
10 chance. You see, the thing is weighted at the very
11 beginning.

12 THE PUBLIC: Sir, I'm not in front
13 a microphone but I would like to point out
14 they were given every bit of a chance to do that since
15 the government called for tenders to bid on the film
16 and if they were so up-tight about the damn thing
17 they could have gone and made a film themselves and
18 made their point.

19 MR. POTOROKA: I think you missed the
20 point I'm making but maybe I shouldn't have made the
21 point here.

22 MR. SHORTER: I think the point is
23 very valid, sir. It's just that everything we do is
24 selective and we start somewhere and maybe there is a
25 difference between dialogue and argument and maybe we
26 would sooner set up dialogue than argument at the
27 outset. Maybe it will resolve an argument but
28 got to start somewhere and that's why I said if we had
29 15 films showing all/ ^{the} points of view we'd be
30 satisfied. As it was we only planned to do one film

1 and we decided to do two as we became more convinced
2 that there was no simplistic answer.

3 MR. POTOROKA: I hope you don't think
4 I was asking for a simplistic film or a simplistic
5 answer because I'm not.

6 MR. SHORTER: I'm sure you didn't, sir.

7 THE CHAIRMAN: Gentleman at the micro-
8 phone?

9 THE PUBLIC: Could I ask if the view,
10 which I understood Mr. Clark gave last time of the
11 Department of Education, has changed or what is your
12 position re the use of drugs, in particular, marijuana,
13 at this time, since you say that there is not a simplis-
14 tic answer, and my feeling was Mr. Clark had given a
15 fairly simplistic answer last time he talked on the
16 subject.

17 MR. SHORTER: Well, I can't speak for
18 the Minister. I'm prepared to speak for the Department.
19 Our feeling was, frankly, that because of the limita-
20 tions of time and a number of other things and possibly
21 because of the public media coverage it came out that
22 it sounded like a simplistic approach and this was not
23 Mr. Clark's intention nor if you will examine his words,
24 the full import of the words. I was not at the first
25 hearing but I read his presentation and we wish to
26 make this supplementary brief to emphasize the fact
27 that there was no simplistic approach. I would refer
28 you back to the words -- I don't believe there was
29 any particular change within the Department of Educa-
30 tion. You will find people, professionals, with many

1 different viewpoints but our obvious viewpoint is that
2 we are opposed to drug abuse as everyone in this room,
3 I'm sure, is opposed to drug abuse. Now, the answer
4 of what constitutes drug abuse may be a question of
5 relativity for some. But that was and remains the
6 stand, that together with the fact that there are no
7 simple answers and we wish to investigate all the
8 possible roads we can towards moving people away from
9 unwise use of drugs, illicit or otherwise.

10 THE CHAIRMAN: Mr. Faulkner?

11 MR. FAULKNER: Just one short comment
12 I would like to make. This film scares me in one
13 respect. I like the film myself, personally I think
14 it is an excellent film. But, my sister is of high
15 school age and has a lot of friends who periodically
16 drop over and they saw the film and I guess they were
17 amongst the select few and their attitude was, "Yeah,
18 we dig Tonto and we dig the film, but it's a government
19 film" and I don't think it got through. And this to
20 me was indicative of just how far the kids have been
21 turned off by previous efforts and how difficult it
22 is going to be to produce a thing like this that will/
reach the kids

23 MR. STEIN: What scares you? I'm not
24 clear.

25 MR. FAULKNER: Because I think this
26 film is along the lines of the type of thing that
27 should be produced in the way of educative things and
28 at the same time I know that at least for some people
29 it has not had the desired effect, the effect it would
30 have on me if I was in a high school. That is all.

1 Why it does not have the effect I don't know.

2 DR. LEHMANN: You said what scares
3 you or the effect is impeded by the fact that it is a
4 government film. If it ^{a private producer, or} was an underground film it
5 would have a good effect, is that what you mean to say?

6 MR. FAULKNER: I don't know, but the
7 only thing I'm trying to say is that this would be a
8 good attempt at producing an educational film but yet
9 the attitude of certain people who viewed was, "Here,
10 we go again", despite the fact that my sister is
11 a raving Tonto fan.

12 DR. LEHMANN: Well, does that not mean
13 that the prejudice of the teenagers against anything
14 that has the word "government" or "older generation"
15 or "establishment" attached to it; is so strong
16 that there is just no dialogue possible?

17 MR. FAULKNER: Well, I'm saying that
18 this perhaps is a conclusion which can be drawn from
19 it. It worries me, it really does because as I say
20 this film is on the ball.

21 THE PUBLIC: I'm just going to say
22 that I can understand what he means because he is
23 saying it would be ^{like} my mother coming up to me and
24 pulling a joint out of her purse and saying, "Let's
25 smoke a joint"; right? I would be standing there
26 with my mouth open for so long that my mother would
27 have smoked the joint by the time I got myself to-
28 gether. But the thing that is good about it is that
29 he said we have to start somewhere, which is right
30 and it is going to take a long time for young people

1 to get the idea in their head that there are people who
2 are not necessarily on their side but who want to get
3 to a medium so that there is not these opposite extremes,
4 right? And though it might take a long time, there
5 will be people who will go out to help them because
6 they realize that they are trying to help us and so
7 we will help them in turn. Okay?

8 THE CHAIRMAN: Thank you very much
9 Mr. Shorter and Mrs. Cameron.

10 We call now on Mr. Stuart Layfield.

11 Is Mr. Layfield here?

12 MR. LAYFIELD: Yes, sir. Yes, well,
13 when I first came today I didn't really have any
14 intention of speaking here. As a matter of fact the
15 first time the Commission came I wrote it off as being
16 rather irrelevant. I think I kind of shared the
17 viewpoint as^{put}/forward by Mr. Stein this morning, Mr.
18 Stein the speaker, that whatever the Commission had to
19 say or do would not really carry much weight in the
20 final analysis as to whether or not marijuana or any
21 other drug was legalized. And marijuana would be
22 legalized if and when certain vested interests were
23 ready for it. That was basically the opinion that I
24 held and in that light I haven't seen anything today
25 that would probably change my mind. However, I have
26 noticed one thing about the Commission today that has
27 really turned me on, if you like, and that is the
28 fact that you just have to look around you in the
29 room here and see the age differences of the people
30 that are here and the styles of dress and if you can

1 make some assumptions, you know, the walks of life and
2 the lifestyles that these people represent. And just in
3 that I think it is doing a service by providing a forum
4 for people to discuss this problem which is on every-
5 body's mind. Ideas, I think, have tended to be very
6 profound on one hand and completely irrational and
7 ignorant on the other, but I guess this is the basis
8 of the country we live in and the kind of government
we have, and I am all for that.

9 It is really odd that I should have
10 my time to come up to speak right after this movie
11 because the people in that movie, the Tonto, are among
12 the best friends that I have, and I spend two or three
13 nights a week at that house, and I would like to point
14 out to the members of the Commission and the people in
15 the audience that normally these people do come across
16 in real life as they do in the movie. I guess that
17 doesn't surprise anyone, but I would like to point out
18 the fact that as is obvious in the movie, they take
19 drugs; they smoke marijuana and hashish and they have
20 even been known to dabble in the odd psychedelic drug
such as LSD and things like that. These people are --
21 I think there is a quote in the movie -- called "free
22 spirits" -- okay, and they don't hurt anyone. They
23 live their own lives and mind their own business
24 and they like to think that they are laying good trips
25 on people by playing good music and hope that people
26 enjoy it. But, you have to understand that according
27 to the laws we live under right now these people are
28 criminals and they are the kind of people that as parents
29 you warn your kids about. They are outright criminals
30

1 and so am I and so are thousands of other people like
2 this. I'm sure the Commission is well aware of this
3 fact and I hope it is in their power to do something
4 about this, because it seems to me that this isn't
5 just for a number of reasons.

6 Anyway, I did not prepare a brief or
7 anything. There were some ideas that came up this
8 morning that I wanted to put across, some things that
9 really struck me odd from having been a user of drugs
10 and admittedly so for three to four years and from a
11 person who has been arrested on a drug charge and gone
12 through a long Court hassle and eventually had the
13 charge dismissed but from seeing a good / friend go to jail for a
14 long time and I have seen other good friends go to
15 jail for shorter periods of time, and from having
16 listened to a lot of arguments, there were just some
17 things I would like to point out. I'm sure they will
18 not come as any suprise to the members of the Commiss-
19 ion, but I don't think that that means that they don't
20 have to be said again.

21 One is the fact that marijuana smoking
22 is just "folks". I smoke marijuana, not very often
23 anymore, I used to smoke it more than I do now. But
24 I defy some doctor to come in and tell me that I am
25 unhealthy. And even if I was unhealthy I can't see
26 any reason for that in itself being some good reason
27 for making a law against smoking marijuana. There are
28 lots of other things that apparently make it unhealthy
29 too. We don't have laws against cigarette smoking,
30 driving the car, you could get hit walking, things like

1 that. I realize that two wrongs don't make a right,
2 things like that, but I also realize that we live in a
3 country where -- I am not trying to be a psychiatrist
4 because I'm not a socialist communist and I don't
5 believe in ruling classes and things like that, they
6 may or may not, I have not thought about it
7 enough to decide, but apparently we live in a country
8 where every citizen has the right as a responsible
9 citizen to decide what he wants to do so long as it is
10 legal and things like that. And I don't understand
11 why certain things which may or may not be good have
12 an air of legality about them while other things don't
13 just simply because a certain law has been passed. Now,
14 the only way that you can justify that to me anyway
15 as a marijuana smoking individual and as a concerned
16 citizen is the fact that there has been some concrete
17 definite proof that the one or two ^{things that are} exceptions to this
18 rule are indeed harmful and I think we all know that
19 that just simply is not the case. Reams and reams and
20 reams of literature are being written one way or the
21 other and it's getting to the point where even if a
22 person wants to consider the literature available and
23 go into all kinds of mental ^{debates} before he starts
24 smoking marijuana, really, he is going to be so long
25 reading the literature he will be in his grave before
26 ^{gets a} he/chance to start smoking. But this leads me to
27 the basic point that I wanted to make and that is
28 this: For quite a long time this morning and I'm sure
29 that this is not any exception to your cross-Canada
30 travels, that a whole lot of time was spent on motiva-

tion, what motivates the drug user? Why does the drug user use drugs? And I sit back in the audience and get all kinds of sociological and psychological and theological and this logical, that logical, reasons for it and maybe at one time I might say that this was the case. Certainly now the basic reason, and I say this in all sincerity and I say it because I think that I know it and I just don't believe it but I know it, that the main reason that most people smoke marijuana these days and the people who haven't are starting to now is purely social. It has gone from becoming a distant underground thing to what I think people call a middle class thing, or something like that, it has just become a normal way of life for some people and for other people a pleasant happening.

The only bad feelings I know that anyone has having about it is the feeling that they are breaking the law. And for some people that involves a certain amount of paranoia, for some people, of course, it does not bother them at all. The point I'm getting at is this: I'd like to make a sort of comparison with alcohol and I know that is an old way of doing things and I'm not about to compare the effects or anything. Again, these things don't even interest me. The basic fact is this. You have a certain number of people and for the sake of argument we'll call them, like, my parents' generation and it was drinking in their time and, like, it is doing drugs now, okay. Those people started drinking at some age or another. Some of them drank to excess,

1 | some of them abused alcohol. Maybe you see some of
2 | down
3 | them/on the drag on 97th Street and maybe some of them
4 | are your parents, I don't know. But we all know that
5 | they exist. These are people who used alcohol to excess.
6 | Now, there are other people who perhaps have rarely
7 | tried alcohol, tried alcohol upon occasion and don't
8 | like it and can do without it and that is fine too.
9 | And I think that is pretty neat myself. But then there
10 | are other people who drink, like, I drink. I can go to
11 | a bar on any night that I feel like it and I can have
12 | a couple of beers if I want or the father or the hus-
13 | band or the working man comes home from work and has
14 | a glass of beer or drink a rum like my father does,
15 | or something like that. Now, the same situation
16 | exists in marijuana smoking or in drug use, ^{but} there are
17 | people who abuse the privilege or abuse the use. In
18 | drug use, we have junkies, people who live the ^{whole} drug
19 | life. Personally, I have no sympathy for these people.
20 | My definition of a human being is an animal who has
21 | been given a mind to use, a rational mind and this is
22 | what basically sets them apart from all other animals
23 | and one of the good things about having this mind is
24 | that you are able to pick and choose and you are able
25 | to control this drug. It seems to me that when the
26 | drug starts to control your body and your mind which
27 | is what happens when you become a junkie, that you
28 | become -- you lose the essence of being a human being
29 | and become .. subhuman. That is a personal opinion
30 | of what I think a drug addict is like, you know.

Now, at the same time there are people

1 | who smoke marijuana and don't like it at all. I've
2 | met lots of people like that. They would rather drink;
3 | they would rather do nothing, you know, whatever the
4 | reasons are for that. And that's fine and I think
5 | there is all the more power to those people too because
6 | it's really hard not to do something that everybody
7 | else is doing, not literally everybody else, but soc-
8 | ially everybody else. I think it takes a lot of gump-
9 | tion to do something like that and I think when drugs
10 | are getting on to be the happening thing and sort of,
11 | past drugs and drinking and things like that, I think
12 | it takes a fair amount of gumption in order to say,
13 | "I don't
14 | /dig drinking" and I don't want to seem square or any-
15 | thing but I am^{not}/a drinker and^{not}/a smoker. And there is
16 | other people like myself and like the guys in Tonto
17 | and the crowd that sort of hangs around with the band
18 | and people I know who just like to smoke marijuana
19 | the odd time. Maybe some night for something to do,
20 | maybe after a hard day or before you go -- to go watch
21 | Tonto play, perhaps, or maybe at intermission while
22 | Tonto is playing, any one of these things. And I
23 | would just like to point out that every time we do
24 | that we do a criminal act. Now to transpose that
25 | back to the alcohol thing it strikes me that people
26 | found out a long time ago that the alcohol laws
27 | are simply impractical. You couldn't make a criminal
28 | out of my father who is a totally upright citizen
29 | except for the fact that he likes to have a drink of
30 | rum when he comes home. That doesn't make him a
criminal, it has no bad effect on society. I under-

stand the basis of law and legality to be, you know, protecting society from those that would do it any harm, you know, and my father having a drink doesn't have any harm on society and you could be making him a criminal by doing that. Nobody, and maybe I can be accused of being a narrow-minded bigot when I say this, but nobody is going to convince me that if I go home at night and have -- and smoke a joint with a couple of my friends and listen to some records before I go to bed or something, that I am a threat to society and that as such I should be prosecuted or even be open to prosecution. Because I simply don't represent any threat to society because I do that. But maybe I'm rambling kind of incoherently but I think I am trying to make a point. Now, perhaps it is one that the Commission is already familiar with and they may sympathize with me and they may not, I don't know. But it struck me how I got on to this was this business of motivation and why kids are doing it and that all -- it seems to me -- like I am a school teacher by profession. I don't teach school but I have a Bachelor of Education degree and I work at Trust, an organization which made a presentation here earlier this morning. I have a lot of contact with young kids, I approached kids in hockey for years. and things like that and I always seem to be meeting young kids either through teaching or working with Trust or other things and I rarely meet people anymore -- as a matter of fact I don't anymore meet people who get into / smoking marijuana, young people anyway, I know about the older types, who get into it and really think about

1 it and think about what they are doing and where it's
2 going to lead them and things like that. Maybe at home
3 they do and that, but basically it has become a social
4 phenomenon. Their girlfriend is smoking it, their
5 boyfriend is smoking it, their crowd is smoking it. I
6 can look around and I can see that so and so smokes
7 marijuana and it isn't doing him any harm. I know this
8 guy, I've known him for years, he's my best friend and
9 he smokes marijuana -- or he's ^{one of my} best friends and he
10 smokes marijuana and I know it's not screwing him up
11 and I know that it's not going to screw me up.

12 THE CHAIRMAN: How do you know that in
13 the long run? How are you so sure about that in the
14 long run?

15 MR. LAYFIELD: I guess I'm not if you
16 really want to get into long run things. I don't
17 even worry about that sense and that may be irres-
18 ponsible too because how does anybody know anything
19 they do in the long run and just how long is the long
20 run. I want to know these things before anybody
21 starts coming onto me about the long run thing. Who
22 is to say -- how can you justify anything in the long
23 run?

24 THE CHAIRMAN: Take the tobacco, you
25 see, we didn't discover it until after a long time
26 that it could cause lung cancer and now we are given
27 statistics showing the probability of lung cancer for
28 people who ^{have} smoked it for 20 years and that took some
29 time for us to discover. So that is what we mean by
30 the long run. And now there are people saying, look

1 you don't know what the risks are in the long run. Are
2 you going to do an act that is going to give people the
3 impression that there are no risks in the long run? I
4 mean, how do you meet that kind of case?

5 MR. LAYFIELD: Well, perhaps I have
6 stated it maybe a little bit too one-sidedly ^{or} irration-
7 al or something. Well, I certainly wouldn't unequivo-
8 cally say in the long run there is no harm in smoking
9 marijuana. I believe it personally but I won't come
10 out and say that because I admit that I don't know
11 everything. As far as the thing about cigarettes goes,
12 that is fine; I don't smoke myself and I guess I never
13 will and I can appreciate the fact there is a consider-
14 able amount of medical knowledge that indicates that
15 cigarettes cause lung cancer and that is a good thing
16 to know and I think it is a good thing for all kids
17 to know before they start smoking. But has it stopped
18 smoking, you know, I want to tell you that. And I
19 really question the fact about whether or not it is
20 having any -- I realize there are some older people
21 who have stopped smoking but I don't know if there
22 is any decline in the ^{percentage of} younger people ~~smoking~~ smoking
23 simply because the reasons younger people smoke are
24 not medical but social, and because their friends
25 smoke.

26 DR. LEHMANN: You said -- it is very
27 relative and not a very effective argument in the
28 long run. What about industry pouring sewage and
29 industrial products into the rivers. Well, the effects
30 will only be in the long run, only after years and

1 years so why care about it?

2 MR. LAYFIELD: I agree, relate that to
3 me to drug use, to smoking marijuana. I was speaking
4 only of marijuana, I'm not talking about long term plans
5 /^{to do} everything. Really, you know, I just don't understand
6 this long run thing. People in other countries of the
7 world have been smoking marijuana for centuries and
8 research can be done on those people, but I guess there
9 are all kinds of factors that effect that, such as, you
10 know, a person could say are too many variables and
11 too many cultural things happening and you could never
12 do an effective study, it has to be done with our
13 kind of people and things like that. That, I just
14 don't believe because it seems to me the reasons are
15 medical, you know, that we are worried about the long
16 term things. A gentleman here this morning, I believe
17 he was a doctor, I think his name was Dr. Yonge, he
18 was worried about attitudinal things, things like
19 that, and so that strikes me as telling people if you
20 are going to govern your attitudes and what they are
21 supposed to think about certain things, and that, and
22 to me that doesn't jive well either and I suggest that
23 is one of the very things that are -- one of the cruxes
24 to the problem of drug use is that they don't want
25 anybody to tell them what their attitudes are and they
26 don't feel anybody should, you know, that kind of
27 thing.

28 Now, as I say, I agree that long term
29 pollution, say, you know, is a bad -- pollution in
30 the long term is a bad thing. Pollution in the short

1 term is a bad thing. Pollution is a drag. But it gets
2 down to the old familiar argument again and I didn't
3 really want to get caught up in old familiar arguments
4 of, maybe marijuana is harmful in the long run. Prove
5 it to me. If so, then pass a law. Don't say there is
6 a law against it and then maybe try and prove it. That
7 to me sounds a hell of a lot like saying, "Well, you
8 might get killed walking across the street so let's
9 not ever walk across streets" because in the long term
10 -- you might cross that street 65,000 times but you
11 might get run over on the 65,001 time there-
12 fore you should not walk across the street because it's
13 a bad habit to get into. That doesn't make sense to
14 me.

15 THE CHAIRMAN: But the argument that
16 is made now is, we are not starting from scratch. We
17 have rightly or wrongly, we do have a certain legal
18 situation with respect to cannabis, marijuana and
19 hashish, and now the question is to whether it is to
20 be changed in any degree. And the argument that is
21 made to us or one of them is, and you heard it this
22 morning and we've heard it in other cities, is, how
23 is any particular change, any liberalization let us
24 say, reduction of penalties^{is} going to be viewed inso-
25 far as the effects of a particular drug are concerned;
26 is such a change going to be perceived as in some
27 sense an assurance as to the relative potential for
28 harm of the particular drug effect. What is your own
29 opinion as a person who has some opportunities for
30 observation of psychology here. Do you think that a

1 change in the law would -- might well convey an impres-
2 sion as to relative potential for harm or at least as
3 to what is considered to be the risk?

4 MR. LAYFIELD: Well, in this kind of
5 thing I am rather skeptical because to be quite honest
6 the media -- I am sure that if all the information was,
7 you know, was sort of impinged on the decision, was
8 presented to the public in a rational and sensible
9 manner and one that the layman could understand and
10 you understand what I am saying-- that any responsible
11 citizen in the country could easily understand the
12 decision that has been made and why it is being made
13 and that the government necessarily isn't therefore
14 saying that. And any parent or non-parent, any adult,
15 any youth, anybody who hasn't got the brains to see
16 that, you know, I don't even want to hear from them.
17 I'm sorry, that may be narrow-minded too, but the
18 basic point of fact is that we are living in the
19 1970's and that we are supposed to be responsible citi-
20 zens in a country that's got a responsible
21 form of government. And with -- I'll give you a
22 classic example -- I mean, it just happened just before
23 that movie, the lady gets up and she says, "Now I want
24 to tell you I know somebody who smoked marijuana and
25 he went on to higher drugs, etc." Now, you've got to
26 take this into consideration -- are you going to think
27 about this when you legalize marijuana, etc. Now it
28 is just totally -- I don't even know what to say it
29 gets me so up-tight and it shouldn't, because a long
30 time ago I thought I would shut my mind off to people

1 like that because the simple fact is this: That it
2 has been proven, and I don't mean maybe proven, I
3 mean proven a long time ago that smoking marijuana, as
4 I'm sure each and every one of you gentlemen are well
5 aware, does not lead to harder drug use, does not lead
6 to the use of hard drugs and there is just no doubt
7 about that fact. I've never used hard drugs and I've
8 smoked marijuana for long years, you know, as far as
9 kids go, for a long time and I can look around here
10 and I see several individuals in this room that I
11 know and they smoke marijuana and they don't take
12 hard drugs. It matters not, if you want to get into
13 the statistics, I think 99% of the people that smoke
14 marijuana, you know, that there are junkies smoke
15 marijuana. That's an irrelevant statistic and any
16 statistician will tell you that. One hundred per cent
17 of them started on milk. Okay, that sounds stupid,
18 perhaps, to some people, but it's basically true. The
19 statistic that's really important as I think has been
20 pointed out to you gentlemen by statisticians and
21 not by idiots like myself, is what percentage of
22 marijuana smokers go on to heroin/^{or hard drugs}which is what
23 people say. And the percentage is, the last time
24 I read it, ^{it}was 0.2%. Now that is hardly statistically
25 significant and as marijuana smoking becomes more
26 widespread that statistic in itself decreases because
27 there are more middle class people that are never
28 going to go on to hard drugs by smoking marijuana.
29 And it's been pointed out for years and really the
30 Edmonton Journal is really the shitiest paper that

1 ever came on the street. We work for Trust, an organi-
2 zation that's trying to do it and apparently we can't
3 even get articles that we try to get up on people that
4 are giving a say on this kind of thing; we can't even
5 get it reproduced in the paper. Now I've even seen
6 these articles in the Journal, but then there is still
7 somebody who is concerned enough to come up here and
8 put in their two bits worth like everybody else but
9 hasn't accepted this fact. So I'm saying you are
10 never going to keep everybody happy. There are always
11 going to be some people for some reason or another,
12 you know. All I'm saying to that lady and to anybody
13 else, if you know somebody who smoked marijuana and
14 went on to using harder drugs then it wasn't because
15 of the marijuana, it was because of some personal
16 thing in himself or perhaps the friends he keeps.

17 Regardless of anything else, anything
18 else at all, the decision to stick a needle in your
19 arm, the decision to pop a pill, the decision to take
20 any drug is still made in your own mind as an indivi-
21 dual and if you haven't got the power to make a deci-
22 sion like that, then I have no sympathy for you and
23 I don't want to hear you coming up to me anyway and
24 saying that marijuana is to blame for it because that
25 is just simply not true. And it's not my own personal
26 view that says it's not, statistics have proven that
27 a long time ago. Now, I'm getting away off what I
28 wanted to point out which is simply this: This talk
29 about motivation and attitudes really drives me
30 crazy because people can, you know, a psychologist

1 can give you all kinds of motivational reasons, why
2 kids take drugs and I'm telling you each and every one
3 of these may be true to a certain degree. I'm telling
4 you that the reason why kids smoke marijuana today
5 or hashish is simply social. It is part of the --
6 I substituted in a school for grade 9 a while last
7 year and that is all the kids could talk about and
8 three-quarters of them are smoking marijuana and I
9 know these kids and I know they haven't sat down and
10 considered all the pharmacological, physiological,
11 sociological reasons for it. They know a guy who
12 smokes marijuana and they figure if they turn on
13 maybe they'll know, this sort of thing. And that is
14 the way the world turns around. And the only way
15 that you are going to solve the drug problem, if
16 indeed the drug problem is there, is therefore, to
17 bring some measure of responsibility to it and hon-
18 esty. We have all kinds of drug education programs
19 throughout North America, millions of them I'm sure,
20 and yet the Public School Board I know is going to
21 institute one. I happen to have advance on it. I
22 am not saying that I am an expert on it, I read the
23 whole thing. I saw part of it. It was really neat.
24 You learn that barbiturates come from barbiturate gases
25 or something like that, you know, page after page of
26 this nonsense. It is factually true and heavens knows
27 with the number of books that are out now --
28 now you can find out these things anyway and so what
29 they have done is made an appraisal of this and got
30 it all together and maybe kids need that but it's not

1 going to have anything to do with whether or not kids
2 will take drugs. This is what I'm getting at,
3 but if you are really concerned about this as a problem
4 and really think that something has to be done about
5 it you have to really get into the whole workings of
6 the social order and the values that kids hold, what
7 is important to them, that kind of thing. I think as
8 a working member of Trust that we try to do something
9 about this because we get asked out to schools and kids
10 talk to us and ask us questions and we try to point
11 out these things to them, that if they are going to
12 take drugs they should talk it over with people and
13 we understand the reasons behind taking drugs and
14 maybe there should be more thought that goes into it
15 than that. But if they do take drugs we can appreciate
16 why. We are not going to judge them for it. And in
17 so doing they should really be responsible about it.
18 Every step they take along the drug ladder should be
19 well thought out. They should know what they are
20 doing with their drug and they should know what can
21 possibly hurt them. This to me is the whole thing
22 about the drug problem and the whole reason for my
23 speaking here is simply this: That I really realize
24 the fact that lots of people are interested in drugs,
25 -- from a users point of view and from
26 being concerned, and that is good. It is part of being
27 a responsible member of society, being concerned about
28 the problems that exist. I'm also aware of the fact
29 that we live in a drug society and drugs of one form
30 or another enter into everybody's life, I am sure.

1 And a lot of people view this as a problem. I, for one,
2 agree that there is a large amount of drug use that
3 goes on. I blame this on two things, you could go to
4 the media and like that, but when you get to the basics
5 I think one is a certain number of people's lack of
6 willpower and lack of discretion. Maybe that is imma-
7 turity but I am sure there are reasons for it, people's
8 minds, and they abuse anything. In this case it is drugs,
9 like some people have abused alcohol. I'm saying that
10 in future generations I hope we can build a world and
11 a society that is strong enough that people won't have
12 to think that way, that people will have willpower.

13 I think the second reason is simply
14 that people just aren't presented with the -- even
15 people who are concerned are not presented with re-
16 lavent facts. As Mr. Brown got up this morning and
17 he said he was a teacher and he pointed out he could
18 go to magazines and periodicals and all that to get
19 literature but none of it either has any bearing on
20 what the kids really know to be happening or it's of
21 the nature that it cannot be allowed in the schools.
22 This is what I'm getting at.

23 If your Commission can make any
24 recommendation, I think the recommendation should be
25 something along the lines that schools and the media
26 and everybody in particular lay it on the line in an
27 honest manner. I realize it is hard to be totally
28 objective and you are always going to get bias and I
29 understand that newspapers have certain biases because
30 they sell to certain kinds of people and things like

1 that. But I think that is going to have to go by the
2 boards and the Commission can do something about that.
3 I think that it's back to where it is all going to be
4 because kids in school today are not getting the facts,
5 even if they want the facts. They are getting -- they
6 are not getting a chance to think and talk and discuss
7 in school. Some are. I'm not saying a hundred per
8 cent, there are a hundred per cent, there are some that
9 know, but to really get down to brass tacks and talk
10 these things over, when that kind of drug education
11 program is instituted in the school and that kind of
12 information is available to every member of the general
13 public, gotten down to black and white form, then they
14 can work it out. I have talked to my parents at great
15 length about this and certainly their viewpoint has
16 changed a great deal. I'm not saying that they are in
17 favour -- I won't say anything for my mother or father.
18 I'm not saying they are in favour of legalization of
19 any drug, and I'm not saying they approve of what I
20 am doing even, or what anybody who uses drugs is doing,
21 but they are 99% further along the road than any other
22 parents I have ever met about just how people who are
23 into this kind of thing look at it and the kind of
24 decisions they have to make and what their feelings
25 are about it. And they think that when this is made
26 possible to other parents and other kids, and I'm
27 lucky that I've had a good relationship there, then
28 this would be the key to it all. Do you know what I
29 mean? I guess what I'm saying is that drug usage and
30 drug abuse is not the result -- I'm trying to think of

1 a fancy word for it -- I used to go to university and
2 all, but I guess it hasn't sunk into my head -- but
3 some highfalutin psychological reasoning. It's just
4 social. It's just part of turning around to the world,
5 you know. And I can't see any form of drug education
6 or any form of law or any form of anything contracting
7 that except the very same thing when either people
8 will talk about drugs or people who are teachers, and
9 I have noticed that pretty well, that kind of thing
10 that they can sit down and talk to young people on
11 that basis and talk on those bases, point out to kids
12 that they can make these decisions without judgment
13 and without trying to get into family background and
14 things like that.

15 I guess that is about all I have to
16 say. Talking here, I would like to say, is a lot different,
17 I would like to say, then sitting back there
18 and thinking about what I'm going to say and perhaps
19 I should have written it all down, but I had not really
20 planned on speaking. It is just some things that
21 came to my mind as other people were talking and I
22 thought I would like to try and point a few things
23 out. I really think that, as I say, the future of
24 solving the drug problem lies with the family and the
25 school, but it can't be done as long as both sides
26 are not being seen equally and factually. And people
27 appreciating the motive factors and the social factors
28 as well as the physiological and psychological factors
29 as well, do you know what I mean? And I would like
30 to point out one other thing at the risk of being

1 tedious, and that is that I have just had a friend who
2 means a hell of a lot to me go to jail for 7 years for
3 importing marijuana into this country. I was charged
4 under the same offense but had the case dismissed and
5 I was found not guilty. This is not the place, and I
6 would not do it anywhere anyway, to quarrel with the
7 legal proceedings at one time. I don't pretend to
8 know much about it and it's not my job. But I do know
9 also that three or four days later and this is a very
10 common occurrence and I'm sure it has been pointed
11 out to you people before, situations similar to this,
12 a young man was sent to jail for 2 years less a day
13 for speeding through an intersection in an automobile,
14 skid marks for 150 feet past after he hit this woman's
15 body and she was wiped out instantly. I don't know.
16 This friend of mine maybe he did import this marijuana
17 and maybe he didn't. The law of the Court said he
18 did so we'll work on that assumption. I guess he was
19 one of these parasites that took other people's
20 minds and turned them on for financial profits which
21 is a pack of nonsense because he is one of the nicest
22 guys I've met in my life. But apart from that the
23 simple fact is that regardless of who he sells mari-
24 juana to, they still have the ability in their minds,
25 in their bodies to say "No, I don't want to smoke
26 marijuana or no, I don't want to buy any." And every
27 time they partake of that drug or something like that,
28 they can make a rational choice about that. Do you
29 know what I mean? There is nothing forcing them to
30 take that. This lady that was caught at the inter-

1 section did not have any choice and she doesn't get a
2 second chance, or anything like that. I don't know,
3 you know. This guy got 7 years and that guy got 2
4 years less a day. I guess it can make you kind of
5 bitter and I think that that is just a point I would
6 like to make. I'm sure you have heard it before.

7 THE CHAIRMAN: Thank you. There is a
8 gentleman at the microphone.

9 THE PUBLIC: I realize that it has been
10 a long day. I have been here since you started too,
11 but I would like to just digress for a few seconds.
12 We were talking just a few moments ago about the
13 long term effects of marijuana and I think we were
14 specifically talking about, you said, that, of course,
15 the long term effects have not yet been determined and
16 it might not be for another 20 or 25 years. But the
17 main question in my mind about the Commission's final
18 decision and recommendations that it makes, the basic
19 premise and the basic law that we have, somebody who
20 does not know the long term effects but is just using
21 a drug and to put him in prison, to institutionalize
22 him and take away his freedom for say, 2 years or
23 7 years, the moral basis escapes me of finding him a
24 criminal.

25 I think that whatever the long term
26 effects are, until such time as they are found and
27 until such time as more evidence can be uncovered just
28 as you said in your Interim Report I can really see
29 no basic moral -- nothing really to put the -- to
30 put anybody in prison for being in possession of a

1 drug.

2 THE CHAIRMAN: Thank you, Mr. Layfield.
3 Are Mr. Roy and Mr. Doug Jamha here?

4 THE PUBLIC: I want to make a comment,
5 just a short one in reply to the last gentleman's ques-
6 tion, and my question would be if marijuana is found to
7 have some sort of long term psychological and or physio-
8 logical effects, would that in any way change the re-
9 lative morality of imprisoning someone for taking it?

10 THE CHAIRMAN: Would you like to reply
11 to that question, the gentleman who previously spoke at
12 the microphone over here?

13 THE PUBLIC: No, sir, I really don't
14 think putting anyone in prison is really going to do
15 anything at all.

16 THE PUBLIC: Do you think any consider-
17 ation of the psychological effects of marijuana is in
18 any way relevant to the ethical question of imprison-
19 ing people for it.

20 THE PUBLIC: No sir, I don't believe
21 imprisoning people is not going to inform them or help
22 them in any way. There is probably some kind of other
23 problem and imprisoning isn't going to help it.

24 THE PUBLIC: I wonder if I might read
25 a short statement before the next speaker comes on in
26 relevance to this?

27 THE CHAIRMAN: Yes.

28 THE PUBLIC: This would be somewhat
29 redundant to other comments that have been made today
30 but I think, I really feel, it needs to be especially

clarified and reinforced. The question that puzzles me is not should marijuana be legalized but rather, why, that is, on what valid ethical grounds was it originally made illegal at all. On what grounds could any person aware of the uniqueness of his own life in clear consciousness consider his or his society's obligation, duty or freedom to chose for any other the organization and content of that other psychological state.

Here in Canada the government is not really attempting to make marijuana unavailable for use and hence make a tool unavailable for those who use it, marijuana, as a tool for changing their minds. The government is punishing, incarcerating and invalidating those who use marijuana in the exercise of their right to psychological internal freedom.

A deterrent strategy of punishment and dehumanization is the state's way of attempting to manipulate the psychology of its members. The Canadian government is attempting to effectively control all of those psychological changes where the attainment of which the user of marijuana abates his central nervous system and in delta 9 tetrahydrocannabinol.

The question of what those psychological changes may be is still an open one-- a question to be answered by behavioural scientists using the best methods of measurement, design, and reference available. But the difference is, the free individual choice of one's private psychology is not a scientific problem. It is an ethical problem. I, for one, be-

1 | lieve in the right of the person to choose any psycho-
2 | logical motive he desires as long as that choice does
3 | not impinge upon another's freedom to choose. If mari-
4 | juana produced murderers, thieves, rapists or facists
5 | then I would be opposed to its legalization. However,
6 | this does not seem to be the case.

7 | The Canadian government must realize
8 | that it is disillusioned when it claims the right to
9 | punish others for their choice of mind. Internal
10 | freedom. If you buy it then consider the fact that
11 | every hour we talk here hundreds of persons sit in a
12 | prison cell for simply exercising their right to
13 | internal freedom.

14 | I recommend to the Commission/^{to}notdelay
15 | in making every effort to completely legalize the
16 | possession, sale and consumption of marijuana and
17 | other cannabis derivatives.

18 | THE CHAIRMAN: Thank you.

19 | Mr. Jamha?

20 | Would you mind? I think we have time
21 | to hear from you, probably, but I think if Mr. Jamha
22 | could have an opportunity to make a submission.

23 | MR. JAMHA: All right, Mr. Chairman,
24 | thank you, and I do appreciate the situation. The
25 | Commission has been sitting for a long time and I
26 | will only deal with the highlights. I have what in
27 | effect is an article I wrote about a year ago and I
28 | submit it now, lately, I grant, on the basis of a
29 | newspaper report I read the other night that very few
30 | points had appeared before the Commission, and as I

1 see this is the case today there are at least very few
2 people that I can identify as parents, as such.
3 Certainly none have spoken. And it's in that particu-
4 lar capacity that I feel that I must speak. I feel,
5 Mr. Chairman, that I can't -- I don't want to parti-
6 cularly comment on the pros and cons of the effective-
7 ness or the long term effects of marijuana. I rather
8 tend to support the -- Mr. Layfield and also the last
9 speaker who made that statement on the microphone. I
10 can't help but feel that the long term effects of a 2
11 year prison sentence are a hell of a lot worse than
12 a little bit of marijuana.

13 However, my concern, Mr. Chairman, is
14 with the family and I think that there is a tremendous
15 challenge to the health of the family relationship in
16 Canada by reason of the laws that are in effect today.
17 It seems to me that we have gotten away from the kind
18 of law which would ordinarily allow that a policeman
19 would bring a child home for a first demeanor. The
20 old idea that ^{when} the kid was caught stealing apples or
21 taking someone's bike or lighting a fire behind a
22 garage or something like that, the policeman would
23 bring him home. And my point is that it would allow
24 the family to heal itself, at least give one opportu-
25 nity to heal itself. One of the problems that there
26 are not parents here today is the fact that, I would
27 venture to say, that there are by far a majority of
28 the kids in high school and a very large percentage
29 of the kids in the junior high school who have at
30 some time or other experimented with marijuana, and I

1 will also make the prediction that 90% of the parents
2 are not aware of it, will not be aware of it until they
3 happen to be, that their kids happen to be caught and
4 brought home -- either brought home by the policeman
5 on his way to jail or at least picked up by the police-
6 man to be taken away to jail.

7 Now, certainly, we were not aware until
8 it happened to us. My son is here with me today. What
9 happened to him was some time ago. He is prepared to
10 discuss any of the problems that arose out of that
11 particular situation. But what concerned us was that
12 the first we knew about it was a knock on the door at
13 2:00 o'clock in the morning, and here we have an R.C.
14 M.P. with a general warrant and a City Police Officer
15 and they have the warrant and arrest my son and take
16 him off to jail. We asked the question, "Why in God's
17 name 2:00 o'clock in the morning"? Because this was
18 an offense that he had committed when he was 15 years
19 old; it had been 2 months prior and of course he now
20 was 16. But the offense was as a result of something
21 that had happened when he was, in fact, 15.

22 Now, we say, "Why 2:00 o'clock in the
23 morning"? And they say, "Well, that's the time that
24 he would be home". Well, we tried to explain to them
25 he also comes home for supper and dinner and breakfast
26 and he's also home for to go to bed, but you can pick
27 him up in the morning or at night, in the evening, you
28 can pick him up at noontime. No, no, no, this is the
29 way they deal with criminals and this is the point I
30 am trying to make. Everything they did, everything they

1 did in dealing with this boy and in many other cases
2 that I am aware of because this article, part of this
3 article, and this is the reason why I hand it to you,
4 it was only partially published. And I've had people
5 come to me as a result and said they had this similar
6 experience and they want to forget about it, of course,
7 and ^I/say again, that's why they're ^{not}/here, people who don't
8 know about it because it hasn't happened and it's also
9 the people to whom it has happened, they don't want to
10 talk about it anymore. I just feel that it has got
11 to be expressed on the part of a parent the kind of
12 traumatic experience we go through.

13 I want to mention some other things
14 that have happened; that to my way of thinking, to
15 exactly what some of these young people have said today
16 and that is to destroy their faith in the legal pro-
17 cesses; to destroy their faith in the democratic pro-
18 cesses. There was a problem in this town and the
19 city encouraged the development of a teen centre
20 downtown. Now the place was built -- or rather bought
21 and developed and it was called "Middle Earth" and the
22 teenagers were using it. But the same person who as
23 a matter of fact was an agent provocateur, and in my
24 opinion did, in fact, traffic in order to trap my son,
25 and had also infiltrated many other teenage groups in
26 the city, was used in a raid on this particular teen
27 centre. Now how was it done? Here is a group of
28 teenage kids having a dance and all of a sudden the
29 doors are locked; there are any number and the figure
30 was estimated at 150 policemen that raided this place

1 where there were 200 or 300 children having a dance and
2 they bring in a person led by two policemen with a
3 black hood on and proceed to go through the crowd --
4 everything stopped, music stopped and the kids are
5 herded up against one wall; they go to these kids with
6 this informer, with this black hood on, and he points
7 out this person and that person and as he points out
8 these people two or three or four policemen take this
9 person away to the paddy wagon and off to jail. Now
10 in God's name, wasn't that dealt with at the time of
11 Jesus Christ? Somebody mentioned Christian ethics
12 here a few moments ago. It seems to me one of the
13 Christian ethics we believe in is we should "know thy
14 accuser." This to me was a complete distortion of the
15 legal rights of children, as such. Since that time I
16 have known of innumerable cases and this particular
17 informer also got into various groups. His sister was
18 used by the R.C.M.P. at a time when, to my knowledge,
19 she was 16 years old as a trafficker and informer in
20 order to trap young people into being caught in this
21 process.

22 Now, Mr. Chairman, I'm just totally
23 sick with this kind of thing and I feel as a parent a
24 rather sick responsibility to have to explain why in
25 God's name this should happen to children like this.
26 And I wouldn't be here today, probably, because this
27 happened some time ago except that I keep getting
28 these invitations of the same kind of thing from friends
29 of mine. As a matter of fact there is a case on right
30 now where a young boy was picked up again by an infor-

1 mer who intruded himself into a house of these kids.
2 They had their own little house and were living to-
3 gether and as a result of his relationships with these
4 kids he, in fact, informed on one of them and proceeded
5 to turn him in and this kid was picked up.

6 Now, the part that really throws me,
7 and I'm sure will destroy his confidence in the police
8 and the law, is the fact that while he has been charged
9 the prosecutor, and if this is the kind of person the
10 Kiwanis Club is relying on for information for their
11 pamphlet and leaflet, then I shudder to think what kind
12 of information these people are handing out. I haven't
13 seen their leaflet, but the man from Kiwanis indicated
14 that the kind of authority they were using was the
15 Crown Prosecutor and in this city that's the worst
16 authority as far as the kids are concerned, but in
17 this particular case the Crown Prosecutor has indicated
18 that he is willing to drop the charges against this
19 particular boy if, in fact, he will tell the Crown
20 Prosecutor and the Judge who it was that sold him the
21 marijuana. Now, again let me tell you that if that is
22 what you are trying -- the government is trying to do
23 with these kids then again they are on the wrong, wrong
24 track. Because if we don't have a code of ethics, let
25 me tell you, they do and there is no way that those
26 kids, even the youngest of them, is going to inform
27 on his friends because that is, in fact, what happens.
28 They pass these things along from friend to friend and
29 as long as they have a reasonable knowledge that it is
30 somebody of their own peer group and they think it is

1 all right, they will pass it on to him. The rest of
2 my notes are there. I really don't want to take too
3 much of your time at this time of day, and as I say,
4 my son is here and is prepared to answer questions.
5 I would also like to endorse, Mr. Chairman, the brief
6 that was submitted and you have it from away back
7 there, that was submitted by the Canadian Labour of
8 Congress. I think it expresses to a great measure
9 our feeling on this although I think that I would go
10 further. Rather than making marijuana subject to
11 fines and not prison sentences I think I would myself
12 be in favour of it being legalized in the same way
13 that alcohol is and made available to those people
14 above the age of consent on a legal basis and that it
15 be as illegal for people over that age as is alcohol.

16 Thank you.

17 THE CHAIRMAN: Thank you

18 --- (Applause)

19 THE CHAIRMAN: Gentleman at the micro-
20 phone?

21 THE PUBLIC: Dr. LeDain, this gentleman
22 over here it seems to me has presented a sort of a
23 note of emotional feeling to the proceeding which
24 tends to get lost in the shuffle of papers in object-
25 ive evidence and documentation and everything. And
26 it just happens that by coincidence I'm not with
27 these people and I have never seen any of them before
28 in my life, but I was on that particular bust that
29 he was talking about and I was serving as a volunteer,
30 sort of a Big Brother Organization and I didn't have

1 my beard and mustache and my hair was fairly trim at
2 the time. And still the events were so emotionally
3 heavy and so completely abjectly degrading that it is
4 almost impossible to convey the feeling of having a
5 couple of dozen brutal huge muscular characters come
6 crashing in and treat everybody in the place like they
7 are some kind of a worm. Apparently they were looking
8 for a couple of dozen people who were accused of
9 passing a joint to somebody at one time or another.
10 But myself I presented my position and emotionally.
11 I'm not a member of the underground culture. I was
12 just helping some friends who were organizing this
13 charity and yet the sense of that sort of incredible
14 feeling of somebody just coming up and saying, "Back
15 it up against the wall", and look through you like
16 you are a stone or a tree and when I explained that
17 I was going to California on a research thing and
18 within minutes I was to leave immediately, and this
19 raid was to take place, and they absolutely would refuse
20 to let me leave or make a phone call. And they
21 essentially threatened to throw me through the wall
22 if I bothered them any further. And obviously their
23 man with the hood was not -- I was not accused in any
24 way, I was not obstructed in any way. But I want to
25 convey to you this sense of abject degradation when
26 some brute comes crashing in and treats you on sus-
27 picion because you are somehow remotely related to
28 the drug culture; that you are a non-being, not even
29 an animal, just a nothing.

30 I hope that when your report comes

1 out, your tactile recommendation. comes out with respect
2 to alienation of young people/^{which is} what the law is actually
3 doing is balanced against the evil it is supposed to
4 correct. I hope you can convey the sense that the
5 young people have of just being, absolutely being --
6 the most they can hope for is being treated as weird
7 odd balls and a problem that has to be corrected by
8 force if necessary, and the least that they can expect
9 is just to be treated as a non-human being. It is just
10 about impossible to explain. You would really have
11 to be through it to see what it is like.

12 The other point I want to make is
13 completely off that subject and I will make it brief.
14 I wonder if you can conceive in your mandate and your
15 authority to extend some kind of study on the problem
16 that the government might have on getting your pro-
17 posals implemented. Perhaps you have simply more than
18 a fact-finding function. Can you consider the poss-
19 ibility of recruiting some people, real hard-nosed
20 profit types, whatever kind of experts you can use and
21 I'm sure that the government's problems with respect
22 to the drug phenomena and alienation of young people --
23 of what we can do about either getting your recommenda-
24 tions implemented -- most young people have spoken and
25 said we don't give a damn because we know the report
26 will be shelved and that is the end of it essentially.
27 I wonder if you conceive of your authority in your
28 mandate in actually trying to work up a sort of a
29 program for implementation of your recommendations
30 or even, if you like, just an objective sort of formu-

1 lation of what the government could do if it recognizes
2 that your recommendations are worth being implemented.
3 In other words, I hate to see you hand them a bunch
4 of papers and consider that to be the end of your duty.
5 It may be the case. But I would like to hear your
6 comment on that but I'd prefer to just drop it and
7 maybe there will be time later, if you prefer to ---

8 THE CHAIRMAN: I would not like my
9 silence to be misinterpreted so I think I am obliged
10 to comment. Our mandate is to inquire and to try to
11 get at the truth about this phenomenon as far as one
12 can and then to make recommendations to the government
13 as to what it can do alone or with other governments,
14 so that it is a mandate of inquiry and recommendation
15 and we are independent of the government. And it does
16 not have any -- it does not impose on us any political
17 responsibility or authority, indeed, about implementa-
18 tion. We do not know what, as individuals, we may
19 do, separate, on initiatives once we have completed
20 our work. But we have to try to do our job as well
21 as possible and it has it's own limitations and it's
22 own discipline and rules. If we are to do it, if we
23 are to have a chance of doing it effectively, we must
24 be true to the nature of our own task, as true as
25 possible to the nature of our own task which is a
26 task of independent inquiry and not a task, if you
27 wish, a political action as such.

28 THE PUBLIC: Yes, I understand that.
29 What I was getting at is possibly^a/sort of appendix,
30 essentially objective -- a sort of working up of an

1 additional -- well, everyone wants to know the facts
2 about drugs, but what you can do. I understand you have
3 no authority as far as implementation but I wonder if
4 you could throw in their lap somewhere in between the
5 devaluation^{of}/the dollar and the War Measures Act. I
6 wonder if your mandate might not extend just to pro-
7 viding the objective information and give it a little
8 helping hand. I am not suggesting either way you go
9 but it seems to me there is going to be a gap between
10 your word and the way the procedures actually work
11 when the paper hits the government office. It seems
12 like there is going to be a little gap there.

13 THE CHAIRMAN: I might make this gener-
14 al observation as to what has been said about democratic
15 process. Political action is the process of many
16 forces, stands of influence, interaction, and including
17 public opinion. And it would not be of the democratic
18 process to discard the capacity to a small group of
19 people to effect political change. So that I think
20 any political results of our work will be the results
21 of the democratic process operating upon whatever
22 light we are able to throw on the subject. But that
23 is an aside. I don't mean just an individual view of
24 the relationships.

25 Gentleman at the microphone?

26 THE PUBLIC: Approximately a year and
27 a half ago I was sentenced to 18 months for trafficking
28 in marijuana and I went through about half the jails
29 in B.C. and Alberta and being in jail for this amount
30 of time, like I spent 10 months in jail, did more

1 damage to me than smoking marijuana for 3 years. I
2 have taken drugs and I have abused drugs and the jail
3 has done more damage to me then the drugs have ever done.
4 And right now the thousands of kids sitting jail waiting
5 for you people and your recommendations -- there does
6 not seem to be any hope. Things are not looking good.
7 People are still getting sentenced to jail. And after
8 you get out of jail this is the worst part of it,
9 because here it is impossible to get a job when you
10 are considered a criminal and your home life is wrecked,
11 your social life is wrecked, everything is wrecked.
12 It is 3 times as hard to get back onto the track once
13 you come out of jail.

14 THE CHAIRMAN: You are speaking about
15 jail for all drug offenses including trafficking rather
16 than possession?

17 THE PUBLIC: I'm talking about the
18 average teenager who is involved with drugs and then
19 gets busted and sent to prison. I'm not talking about
20 the hard-core narcotic pusher. I suggest that you go
21 around to these jails like Bowden in Alberta which is
22 about the main drug centre and I have talked to the
23 people there, because like, I wrote a brief when I was
24 in jail and I tried to get it out to you people and it
25 wasn't let out. And right now you can't get anything
26 out of jails. And there are too many people getting
27 hurt and something should be done and something has
28 to be done.

29 That is about all that I have to say.

30 THE PUBLIC: I would like to make a

comment. This individual who was speaking some time back was comparing junkies with alcoholics and we all know that all these rats on 97th Street were born there and they do not know, basically, any better. Secondly, people are sheep. This one individual says that it is socially acceptable to smoke marijuana because everyone is doing it and it is accepted because no matter what the effects you find about it later are--marijuana I think is okay, but our social standings change to where LSD might be acceptable and we could accept that too. We may run into the average person on the street, no matter who they are and I think there should be a correction made there, but being lenient mainly on marijuana I think has to be given a lot of consideration because if we accept this now where are we going to accept harder drugs later on. We have to take a stand someplace. I think a lot of consideration has to be given before we can even proceed about thinking about legalizing from now on, "Okay fellows, LSD is the thing", and they will say LSD is against the law and prohibition will not stop it and that is it. And if it is going to lead to something, that is okay. Stop it before it is going to get started. People can individually be very narrow-minded. I know just about everybody does smoke marijuana but I don't know who. I think the thing we have to give it is a lot of consideration before we take a step. I think it might be a minority and it should be the majority.

THE PUBLIC: I would like to just make three points. Number one, concerning the Interim Report

1 and most of the discussion today, the tacit assumption
2 or the open assumption is that opiates, heroin, are very
3 evil, bad drugs. I think this has to be examined in
4 the light of most of the evidence, the major (instability)
5 on the side of the opiates is addiction which according
6 to other evidence is not a problem when the supply is
7 insured. People can function quite ably and adequately
8 taking a maintenance program of opiates and it is also
9 possible to use opiates occasionally without becoming
10 addicted. My feeling is that in light of the evidence
11 that the dangers of the opiates in general are exagger-
12 ated.

13 Number two, it seems with the passage
14 of the Omnibus or what was called the Omnibus Bill to
15 the Criminal Code that the government did endorse
16 the fact that adults performing acts pertaining par-
17 ticularly to sexual acts in private when they did not
18 impose their wishes on others, it would seem to me
19 that on the same sort of grounds, that with this sort
20 of sexual freedom endorsed, that the same sort of
21 grounds can be enforced for the argument for pharmaco-
22 logical, or if you will, psychological freedom. That
23 the use of pharmacological agents involving adults,
24 or consenting adults, is nobody's business but their
25 own unless it impinges upon the health, welfare, and
26 wellbeing of others such as drunken driving etc.

27 And number three, I think it is quite
28 ridiculous to propose legalizing the possession or
29 use of marijuana, and at the same time proposing to
30 increase or leave as they are the penalties for

1 trafficking. What you, in essence, are saying is it is
2 all right to use it but we are going to bust anybody
3 who sells it to you. This is illogical; it is insane.
4 If marijuana is legalized or other drugs are legalized
5 then if the government feels or the public feels that
6 control is necessary then the government should supply
7 the drug as they supply alcohol -- as they control
8 other drugs -- the Food and Drug Administration super-
9 vises the dispensation of other pharmacological agents.
10 But on the other hand, to say that one person shouldn't
11 be punished for using it then on the other hand, you
12 are going to throw people in jail for supplying it,
13 automatically creates a criminal element and automati-
14 cally makes it profitable.

15 THE CHAIRMAN: Thank you.

16 I am wondering if I express the
17 sense of the meeting by suggesting that we might
18 conclude our hearing at this point. We have had a
19 long and very helpful day and I thank everyone for their
20 assistance and thank you, Mr. -- both of you Messrs.
21 Jamha.

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23 --- Upon adjourning at 6:45 p.m.
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